

Division of Health Care Finance and Policy

**FY2004 Outpatient Hospital
Emergency Department
Database
Documentation Manual**

**DATA RE-ISSUED
December 2, 2005**

**DOCUMENTATION UPDATED
August 8, 2006**

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General Documentation
FY2004 Outpatient Hospital Emergency Department Database

FY2004 ED FIPA
DATA RE-ISSUED DECEMBER 2, 2005

Revisions:

Lowell General Hospital resubmitted Q1-Q4 data to correct a large number of “unknown” zip codes.

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Updates:

Hubbard Regional Hospital noted additional discrepancies in the area of Patient Status - DOA. See Individual Hospital Discrepancy Documentation for details.

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General Documentation
FY2004 Outpatient Hospital Emergency Department Database

INTRODUCTION

This documentation manual contains two sections, General Documentation and Technical Documentation. This documentation manual is for use with the Emergency Department Visit FY2004 Database. *The FY2004 ED data was originally made available on July 13, 2005. The data was reissued on December 2, 2005 and contains data submitted through November 2, 2005. The Documentation Manual was updated August 8, 2006.*

Section I. General Documentation

The General Documentation includes background on the development of the FY2004 Emergency Department Database, and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. The section also contains hospital-reported discrepancies received in response to the data verification process, and supplementary information, including a table of data field names and descriptions, a list of Type A and Type B errors, and a list of hospitals within the database.

Section II. Technical Documentation

The Technical Documentation includes information on the fields calculated by the Division of Health Care Finance & Policy (DHCFP), and a data file summary section describing the data that is contained in the file.

For your reference, CD Specifications are listed in the following section to provide the necessary information to enable users to access files.

Copies of Regulation *114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*, *Administrative Bulletin 02-06: Outpatient Emergency Department Visit Data Electronic Record Submission Specifications*, and *Regulation 114.5 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data* may be obtained by logging on to the Division's website at <http://www.mass.gov/dhcfp>, or for a fee by faxing a request to the Division at 617-727-7662, Attention: Public Records.

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

CD SPECIFICATIONS

Hardware Requirements:

CD ROM Device
Hard Drive with 2.50 GB of space available

CD Contents:

This CD contains the final/full year Emergency Department Data Product. It consists of two Microsoft Access data base (MDB) files – the ED Visit file – which contains one record per ED visits, and the ED Services file – which contains one record for each service provided each patient. Linkage can be performed between EDVisits and EDServices by utilizing the RecordType20ID, EDVisitID, and SubmissionControlID. These 3 combined will produce a unique visit key.

In addition, the ED Visit file contains the following tables:

- EDVisit – actual data – one record per visit
- DataSubmissionLog – This contains a listing by provider and quarter of total charges, total number of ED visits, pass/fail status of file
- ErrorLog – listing of all errors found by provider and quarter
- HospitalsByEMSRegion – listing of each provider's EMS region and teaching status
- LookupCCSLevel1 – listing of CCS code for each diagnosis
- LookupCCSLevel1Description – listing of descriptions for each CCS code
- PayerCategories – listing of all payer types and sources
- ServiceSiteSummary – information by provider and quarter on the number of treatment beds, observation beds, total ED beds, inpatient visits, outpatient visits

This is an Access 2000 database (Access 97 will not hold a db this large).

File Naming Conventions:

This CD contains self-extracting compressed files using the file naming convention below.

Hospital_EDVisit_CCYY_FullYear_L#
And Hospital_EDServices_CCYY_FullYear
Where:

- a) CCYY = the Fiscal Year for the data included
- b) # = the level of data

To extract data from the CD and put it on your hard drive, select the CD file you need and double click on it. You will be prompted to enter the name of the target destination.

SECTION I. GENERAL DOCUMENTATION

PART A. BACKGROUND INFORMATION

1. General Documentation Overview
2. Quarterly Reporting Periods
3. Development of the FY04 ED Data Base
4. DRG Groupers

PART A. BACKGROUND INFORMATION

1. GENERAL DOCUMENTATION OVERVIEW

The General Documentation consists of six sections:

PART A. BACKGROUND INFORMATION: provides a general documentation overview, description of quarterly reporting periods, and information on the development of the FY2004 Emergency Department Visit Database.

PART B. DATA: Describes the basic data quality standards as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*, some general data definitions, general data caveats, and information on specific data elements. To ensure the data base is as accurate as possible, the DHCFP strongly encourages hospitals to verify the accuracy of their data as it appears on the *Emergency Department Visit Verification Report*, or to indicate that the hospital found discrepancies in its data. If a hospital finds data discrepancies, the DHCFP requests that the hospital submits written corrections that provide an accurate profile of that hospital's discharges. Part C of the general documentation details hospital responses.

PART C. HOSPITAL RESPONSES: Details hospital responses received as a result of the data verification process. From this section users can also learn which hospitals did not verify their data. This section contains the following lists and charts:

1. Summary of Hospitals' FY2004 ED Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies by Category
4. Index of Hospitals Reporting Discrepancies
5. Individual Hospital Discrepancy Documentation

PART D. CAUTIONARY USE HOSPITALS: Lists the hospitals for which the Division did not receive four (4) quarters of acceptable emergency department visit data, as specified under Regulation 114.1 CMR 17.00.

PART E. HOSPITALS SUBMITTING DATA: Lists all hospitals submitting ED visit data for FY2004, and those that failed to provide any data. Also lists hospital discharge and charge totals by quarter for data submissions.

PART F. SUPPLEMENTARY INFORMATION: Provides Supplements I through VIII listed in the Table of Contents. Contains specific information on types of errors, hospital locations, and identification numbers.

PART A. BACKGROUND INFORMATION

2. QUARTERLY REPORTING PERIODS

Massachusetts hospitals are required to file emergency department visit data which describes various characteristics of their patient population, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to the Division on a quarterly basis. For the 2004 period, the quarterly reporting intervals were as follows:

| | |
|------------|-------------------------------------|
| Quarter 1: | October 1, 2003 – December 31, 2003 |
| Quarter 2: | January 1, 2004 – March 31, 2004 |
| Quarter 3: | April 1, 2004 – June 30, 2004 |
| Quarter 4: | July 1, 2004 – September 30, 2004 |

PART A. BACKGROUND INFORMATION

**3. DEVELOPMENT OF THE FISCAL YEAR 2004 EMERGENCY
DEPARTMENT DATABASE**

The Massachusetts Division of Health Care Finance and Policy adopted final regulations regarding the collection of emergency department data from Massachusetts' hospitals, effective October 1, 2001. They are contained in Regulation 114.1 CMR 17.00, and the Data Specifications of Administrative Bulletin 02-06, both of which are available on the Division's web site.

The Division believes that the ED database will provide an essential resource for decision-makers struggling to address many ED-related health policy and public health concerns. Understanding emergency room overcrowding and ambulance diversion, the burden and cause of injuries, and evaluating treatment and the process of the emergency department system are just some of the important reasons for the data. Many physicians, academics, and policy makers strongly believe that this information will help make a difference in health care delivery and policy.

The ED database captures data concerning visits to emergency departments in Massachusetts' acute care hospitals and satellite emergency facilities that do not result in admission to an inpatient or outpatient observation stay. To avoid duplicate reporting, data on ED patients admitted to observation stays will continue to be reported to the Outpatient Observation Stay database, and ED patients admitted as inpatients will continue to be reported to the inpatient Hospital Discharge Database. The Division has asked providers to flag those patients admitted from the ED in the inpatient and outpatient observations databases, and to provide overall ED utilization statistics to ensure that all ED patients are accurately accounted for.

The Division also requested certain historical outpatient ED data back to January 1, 2000, in order to expedite trend analyses, but hospitals were not required to report any data not already collected and stored electronically for that period of time.

PART A. BACKGROUND INFORMATION

**3. DEVELOPMENT OF THE FISCAL YEAR 2004 EMERGENCY
DEPARTMENT DATABASE**

Six Fiscal Year 2004 data levels have been created to correspond to the levels in *Regulation 114.5 CMR 2.00; "Disclosure of Hospital Case Mix and Charge Data"*. Higher levels contain an increasing number of the data elements defined as "Deniable Data Elements" in Regulation 114.5 CMR 2.00. The deniable data elements include: the Unique Health Identification Number (UHIN, which is the encrypted patient social security number), the patient medical record number, hospital billing number, Mother's UHIN, date of birth, beginning and ending dates of service, the Unique Physician Number (UPN, which is the encrypted Massachusetts Board of Registration in Medicine License Number), and procedure dates.

The six levels include:

| | |
|------------------|--|
| LEVEL I | Contains all case mix data elements, except the deniable data elements. |
| LEVEL II | Contains all Level I data elements, plus the UPN. |
| LEVEL III | Contains all Level I data elements, plus the patient UHIN, the mother's UHIN, a visit sequence number for each UHIN visit record, and may include the number of days between stays for each UHIN number. |
| LEVEL IV | Contains all Level I data elements, plus the UPN, the UHIN, the mother's UHIN, a visit sequence number for each UHIN visit record, and may include the number of days between stays for each UHIN number. Level IV for ED data also includes reason for visit. |
| LEVEL V | Contains all Level IV data elements, plus the date of admission (registration or begin date), date of discharge (end date), and the date(s) of surgery. |
| LEVEL VI | Contains all of the deniable data elements except the Medicaid recipient ID number. |

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS:

The Division utilizes the 2002 version 2 of Clinical Classifications Software (CCS) on the ED database. CCS is a tool developed by the Agency for Healthcare Research and Quality for the purpose of grouping the thousands of patient diagnosis and procedure codes into broader and therefore, more manageable numbers of clinically meaningful categories. The current version of CCS is based upon the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

CCS consists of two related classification systems. The first system – called the **single-level CCS** – group diagnoses (illnesses and conditions) into 259 mutually exclusive categories, and procedures into 231 mutually exclusive categories. Most of the diagnosis categories are clinically homogeneous, however some heterogeneous categories were necessary in order to combine several less common individual conditions within a body system. Likewise, most of the procedure categories represent single procedures, however some procedures that occur infrequently are grouped according to the body system on which they are performed, whether they are used for diagnostic or therapeutic purposes, and whether they are considered operating room or non-operating room procedures according to diagnostic related group definitions (DRGs: Diagnostic related groups definitions manual, 1994).

All codes in the diagnosis section of ICD-9-CM are classified. In previous versions of the system, External Causes of Injury and Poisoning (E-Codes) were not classified because they are used sporadically in inpatient data, and were thus lumped into a single category (CCS 260). Beginning with the 1999 version of CCS, a classification system for E-Codes was incorporated.

The second CCS system – called the **multi-level CCS** – expands the single level CCS into a hierarchical system by grouping the single-level CCS categories into broader categories (e.g., infectious diseases, Mental Disorders, etc.) The multi-level CCS also splits the single-level categories in order to provide more detail about particular groupings of codes. The multi-level diagnosis CCS is split into four levels. The multi-level procedure CCS is split into three levels. A multi-digital numbering system is used to identify the level of each hierarchical category.

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS - *Continued*

CCS went through several stages of development. The initial endeavor – Clinical Classifications for Health Policy Research (CCHPR) Version 1 – set out to construct clinically meaningful categories of diagnoses and procedures. The categories were based on the extent to which conditions and procedures could be grouped into relatively homogeneous clusters of interest to researchers. CCHPR Version 2, which was based on Version 1, contained more categories than its predecessor. Some conglomerate categories and high frequency categories were divided into smaller, more clinically homogeneous groups. The 1999 update introduced the multi-level CCS, which gave special treatment to E-Codes, and reflected the broader use of classifications beyond health policy research.

CCS categories can be used in a variety of projects involving the analysis of diagnosis and procedure data. For example, they can be used to: identify causes of disease-specific or procedure specific studies; gain a better understanding of an institution's distribution of patients across a disease or procedure grouping; and provide statistical information on characteristics, such as length of stay for specific conditions.

SECTION I. GENERAL DOCUMENTATION

PART B. DATA

1. Data Quality Standards
2. General Definitions
3. General Data Caveats
4. Special ED Data Considerations
5. Specific Data Elements
6. DHCFP Calculated Fields

PART B. DATA

1. EMERGENCY DEPARTMENT VISIT DATA QUALITY STANDARDS

The Case Mix Requirement Regulation 114.1 CMR 17.00 requires hospitals to submit emergency department data to the Division 75 days after each quarter. The quarterly data is edited for compliance with regulatory requirements, as specified in ***Administrative Bulletin 02-06: Outpatient Emergency Department Visit Data Submission Specification.***

The standards employed for rejecting data submissions from hospitals are based upon the presence of Category A or B errors as listed for each data element under the following conditions.

All errors are recorded for each patient Record and for the Submission as a whole. An Edit Report is provided to the hospital, displaying detail for all errors found in the submission.

A patient **Record** is rejected if there is:

- Presence of one or more errors for Category A elements.
- Presence of two or more errors for Category B elements.

A hospital data **Submission** will be rejected if:

- 1% or more of discharges are rejected; or
- 50 consecutive records are rejected.

Each hospital received a quarterly error report displaying invalid discharge information. Quarterly data that does not meet the one percent compliance standard must be resubmitted by the individual hospital within 30 days, until the standard is met.

Please see Supplement I for a Table of Field Names, Field Descriptions, and Error Types.

PART B. DATA

1. ED VISIT DATA QUALITY STANDARDS - *Continued*

Verification Report Process:

The Verification Report process is intended to present hospitals with a profile of their individual data as reported and retained by the Division. The purpose of this process is to function as a quality control measure for hospitals. It allows the hospitals the opportunity to review the data they have provided to the Division and to affirm its accuracy. The Verification Report itself is a series of frequency reports covering selected data elements. Please refer to Supplement III for a description of the Verification Report contents.

The Verification Report is produced after a hospital has successfully submitted the four quarters of data. The hospital is then asked to review and verify the data contained within the report. Hospitals need to affirm to the Division that the data reported is accurate or to identify any discrepancies. All hospitals are strongly encouraged to closely review their report for inaccuracies and to make corrections so that subsequent quarters of data will be accurate. Hospitals are then asked to certify the accuracy of their data by completing an Emergency Department Verification Report Response Form.

The Verification Report Response Form allows for two types of responses as follows:

“A” Response: By checking this category, a hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital’s case mix profile.

“B” Response: By checking this category, a hospital indicates that the data on the report is accurate except for the discrepancies noted.

If any data discrepancies exist (e.g., a “B” response), the Division requests that hospitals provide written explanations of the discrepancies, so that they may be included in the this General Documentation Manual.

Note: The verification reports are available for review. Please direct requests to the attention of Public Records by facsimile to fax #617-727-7662.

PART B. DATA

2. GENERAL DEFINITIONS

Before turning to a description of the specific data elements, several basic definitions (as contained in **Regulation 114.1 CMR 17.02**) should be noted.

Emergency Department (ED)

The department of a hospital or a health care facility off the premises of a hospital that is listed on the license of a hospital and qualifies as a Satellite Emergency Facility under 105 CMR 130-820 through 130.836, that provides emergency services as defined in 105 CMR 130.020. Emergency services are further defined in the HURM, Chapter III, s. 3242.

Emergency Department Visit

Any visit by a patient to an emergency department for which the patient is registered at the ED, but which results in neither an outpatient observation stay nor the inpatient admission of the patient at the reporting facility. An ED visit occurs even if the only service provided to a registered patient is triage or screening. An ED visit is further defined in the HURM Chapter III, s. 3242.

PART B. DATA

3. GENERAL DATA CAVEATS

Information may not be entirely consistent from hospital to hospital due to differences in:

- Collection and verification of patient supplied information at the time of arrival;
- Medical Record coding, consistency, and/or completeness;
- Extent of hospital data processing capabilities;
- Extent of hospital data processing systems;
- Varying degrees of commitment to quality of emergency department data;
- Non-comparability of data collection and reporting.

Emergency Department Data

The emergency department data is derived from information gathered upon arrival, or from information entered by attending physicians, nurses, and other medical personnel into the medical record. The quality of the data is dependent upon hospital data collection policies and coding practices of the medical record staff.

PART B. DATA

3. GENERAL DATA CAVEATS - *Continued*

Data Quality Review:

In the spring of 2003, the Division conducted a preliminary data quality review of the newly collected ED data prior to releasing it to the public. The purpose of the review was to assess the data for substantial problems and potential reporting issues. Hospitals with substantial issues were contacted and sent letters outlining the specific areas. The intent was to guide hospitals to correct errors in order to correct the quality of future submissions. The review was intended to supplement the regular edit and verification process. Hospitals still received a verification report from their Division liaison and had the opportunity to review its accuracy and submit comments. (See Hospital Response Section for more information.)

The Division began collecting ED data for three fiscal years, including retro data for 2000 and 2001 and for FY2002. The data quality review focused mainly on FY2002. In cases where substantial quality issues were discovered, all three years were examined further to assess the extent of the problem.

The review included assessment of the following data elements that are reported to the Division in the ED data set:

- Social Security Number
- Length of Stay
- Primary Visit Source
- Mode of Transport
- Registration Date
- Homeless Indicator
- Secondary Payer Source
- Unique Physician Number (MD License)
- Race
- Visit Type
- Departure Status
- Discharge Data
- Primary Payer Source

PART B. DATA

3. GENERAL DATA CAVEATS

Data Quality Review - Continued:

Hospitals with substantial problems were contacted and sent a letter outlining the problem areas that were noted for follow-up. Hospital contacts were asked to review the data carefully to determine the accuracy of the information. If they discovered that the information was in error, the hospital contact was asked to correct and resubmit the data, if possible, or to correct the issue for future data submissions. Those hospitals unable to resubmit data – mainly due to system limitations – noted discrepancies in the comment section for hospital responses, and corrected the problem(s) going forward.

Below is a sample report given to hospitals with substantial problems.

| Hospital Name & Org ID # | DHCFP Liaison | Departure Status | Visit Type | Primary Source of Visit |
|-------------------------------------|----------------------|--|---|--|
| #400 | Lucy Liaison | e.g., 99% reported as Died During ED visit – Q4 2002 | e.g., 90% reported as “non-urgent” – Q2, Q3, Q4 of 2001 | e.g., 99% reported as “7 – Outside Hospital ER transfer” for all quarters 2001, 2002 |

There were several data elements that proved to be problematic for many hospitals. Upon further review, it was discovered that most problems were due to programming issues. There were five data elements that seemed to be the most problematic for many hospitals. These data elements were:

| |
|----------------------------|
| • Visit Source |
| • Length of Stay |
| • Visit Type |
| • Patient Departure Status |
| • Physician License Number |

PART B. DATA

3. GENERAL DATA CAVEATS

Data Quality Review - Continued:

Visit Source: Many hospitals utilized “Code 7 – Outside Hospital Emergency Room Transfer”, as a default, where they meant to use “Code M – Walk-In/Self-Referral”. These hospitals have corrected the problem for future submissions.

Visit Type: There was a wide variance in the reporting of visit type, due to the use of different definitions of the terms “emergency”, “urgent”, and “non-urgent”.

Length of Stay (LOS): The Division identified and contacted hospitals that reported both relatively low and relatively high lengths of stay. It was discovered that most of the problems with Length of Stay resulted from inaccuracies in the reporting of discharge time. (Note: LOS is calculated by subtracting Admission Time from Discharge Time.) Since discharge time was not a required element in the years examined (prior to FY03), many hospitals reported it as ‘0000’, thereby rendering the calculation inaccurate. The problem will be corrected going forward.

Patient Departure Status: The most critical issue involved Patient Departure Status Code. There were a small number of hospitals that inadvertently reported nearly all visits with a departure status code of “0 – Died during ED Visit”. In all cases, the problem was discovered to be technical. Some hospitals were able to rectify the issue and resubmit data prior to public release. Other hospitals did not have the ability to go back to correct the technical inaccuracies. The Division asks that you be aware of the potential reporting problem when working with Departure Status in the database.

Unique Physician Number: Hospitals report the physician license number, which the Division encrypts into a Unique Physician Number. The Division identified hospitals reporting one or more numbers a relatively high number of times, or those reporting a limited number of license numbers. The situation was discussed with the hospitals and corrected, where warranted, for future submissions.

PART B. DATA

4. SPECIAL ED DATA CONSIDERATIONS

The dates for mandatory reporting of some data elements were delayed to accommodate certain hospitals not able to report them immediately. Data Elements required as of FY2003 were:

- Homelessness Indicator
- Discharge Time
- Reason for Visit

Data Elements required as of FY2002 were:

- Discharge Date
- Discharge Time
- Ambulance Run Sheet Number
- Stated Reason for Visit

Not all acute care hospitals in Massachusetts provide emergency services. For FY2004, there were 70 emergency departments and satellite emergency facilities that reported ED visit data.

ED Overlap to the Inpatient HDD and Outpatient Observation Data Bases:

Flag fields were created for use with the Inpatient Hospital Discharge Database and the Outpatient Observation Database because of the overlap from ED to these other areas. Data for some patients who are discharged from the ED as outpatients, but who subsequently return to the hospital and are admitted as inpatients within a period of a few days may also be found in the inpatient database. This effect is caused by certain payers' "payment window" rules, and such cases should be indicated by ED flag value "1" in the inpatient database. The Division has asked providers to flag those patients admitted from the ED in the inpatient & outpatient observation databases, and to provide overall ED utilization statistics to ensure that all ED patients are accurately accounted for. Certain outpatient ED visits for which no charge is made may not appear in the ED database at all.

The Division also requested certain historical outpatient ED data back to January 1, 2000, in order to expedite trend analyses, but hospitals were not required to report any data already collected and stored electronically for that period of time. Certain data quality criteria were also relaxed for historical data. For a complete description of the data specifications used for retrospective data, see the Division's website, www.mass.gov/dhcfp.

PART B. DATA

5. SPECIFIC DATA ELEMENTS

The purpose of the following section is to provide the user with an explanation of some of the specific data elements included in the ED database, and to give a sense of their reliability.

Filing Org DPH Number

The Massachusetts Department of Public Health's four-digit identification number for the hospital that submits the data. A hospital may submit data for multiple affiliated hospitals or campuses. (See Supplement V).

Filing Org ID

An identification number assigned by the Division to the hospital that submits the data. A hospital may submit data for multiple affiliated hospitals or campuses.

Type of Visit

This is the patient's type of visit: Emergency, Urgent, Non-Urgent, Newborn, or Unavailable. Please note it is expected that Newborn will not be a frequently used value for Type of Visit in the ED database (in contrast to its frequent use as a Type of Admission in the Inpatient database), since few babies are born in Eds. However, it would be appropriately reported as a Type of Visit for an ED visit if there were a precipitous birth that actually occurred in the ED, or if the baby was born out of the hospital but it was brought immediately thereafter to the ED for care. Reporting patterns vary widely from hospital to hospital and may not be reliable.

Emergency Severity Index

The Emergency Severity Index (ESI) is a system for triaging patients using an algorithm developed by researchers at Brigham & Women's and Johns Hopkins Hospitals. It employs a five-level scale. It may be reported on Record Type 20 as an alternative to, or in addition to, the Type of Visit (Field 17), which is basically a three-level triage scale. The ESI is described in the following article: Wuerz, R. et al., Reliability and Validity of a New Five-Level Triage Instrument, Academic Emergency Medicine 2000; 7:236-242. Regardless of whether the ESI or the Type of Visit is reported, it should reflect the initial assessment of the patient, and not a subsequent revision of it due to information gathered during the course of the ED visit. Only a small number of hospitals report this data element.

PART B. DATA

5. SPECIFIC DATA ELEMENTS - *Continued*

Source of Visit

This is the patient's originating, referring, or transferring source of visit in the ED. It includes Direct Physician Referral, Within Hospital Clinic Referral, Direct Health Plan Referral/HMO Referral, Transfer from an Acute Care Hospital, Transfer from a Skilled Nursing Facility, Transfer from an Intermediate Facility, and Walk-In/Self-Referral. Newborn Source of Visits includes Normal Delivery, Premature Delivery, Sick Baby, and Extramural Birth. Reporting patterns may vary widely from hospital to hospital and may not be reliable.

Secondary Source of Visit

This is the patient's secondary referring, or transferring source of visit in the ED. This is infrequently reported for ED Visits.

Charges

This is the grand total of charges associated with the patient's ED visit. The total charge amount should be rounded to the nearest dollar. A charge of \$0 is not permitted unless the patient has a departure status of eloped, left against medical advice, or met personal physician in the ED.

Encrypted Physician Number (UPN)

This is the state license number (Mass. Board of Registration in Medicine license number) for the physician who had primary responsibility for the patient's care in the ED. This may also be the state license number for a dental surgeon, podiatrist, or other (i.e., non-permanent licensed physician) or midwife. This item is provided in encrypted form.

Other Physician Number (UPN)

This is the state license number (Mass. Board of Registration in Medicine license number) for the physician other than the ED physician who provided services related to the patient's visit. This may also be the state license number for a dental surgeon, podiatrist, or other (i.e., non-permanent licensed physician) or midwife. This item is provided in encrypted form.

Other Caregiver Code

This is the code for the other caregiver with significant responsibility for the patient's care. It includes resident, intern, nurse practitioner, or physician's assistant.

Principal Diagnosis

This is the ICD-9-CM code (excluding decimal point) for the patient's principal diagnosis.

PART B. DATA

5. SPECIFIC DATA ELEMENTS - *Continued*

Associated Diagnosis Codes 1-5

The ICD-9-CM codes (excluding decimal point) for the patient's first, second, third, fourth, and fifth associated diagnoses, respectively.

Significant Procedure Code 1-4

These are the ICD-9-CM codes (excluding decimal point) or CPT codes for the patient's significant procedures, as reported in FL 80 and FL 81 of the UB-92. More detailed information on the items and services provided during the ED visit is reported under the Service Line Item data.

Associated Significant Procedure Codes 1-3

These are the ICD-9-CM codes (excluding decimal point) or CPT codes for the patient's first, second, and third associated significant procedure, as reported in FL 82 of the UB-92.

Procedure Type Code

This is the coding system (CPT or ICD-9-CM) used to report significant procedures in the patient's record. Only one coding system is allowed per patient visit.

Ambulance Run Sheet Number

The purpose of the Ambulance Run Sheet Number is to permit association of the ED data with data on pre-hospital services that patients may receive. The pre-hospital database is currently being developed by the Department of Public Health. This will not be a required element until the pre-hospital services database is in operation.

Patient Departure Status Code

Patient Departure Status Code is used to report the status of the patient at the time of discharge. Patients who are registered in the ED, but who then leave before they are seen and evaluated by a physician are said to have "eloped". In contrast, patient who have been seen by a physician but who leave against the medical advice of that physician are coded as AMA (Against Medical Advice). Patients who die during their visit to the ED (expired) are distinguished from patient who were "dead on arrival" (DOA), whether or not resuscitation efforts were undertaken. Such distinctions are valuable when doing outcomes studies related to both prehospital and ED care.

Patient's Mode of Transport Code

This is the patient's mode of transport to the ED. It includes by Ambulance, by Helicopter, law Enforcement, and Walk-In (including public or private transport).

PART B. DATA

5. SPECIFIC DATA ELEMENTS - *Continued*

Discharge Date and Discharge Time

The discharge date and discharge time reflect the actual date and time that the patient was discharged from the ED. Default values, such as 11:59 PM of the day the patient was registered, are unacceptable. Time is reported as military time, and valid values include 0000 through 2359. (Please note that Discharge Time was mandatory beginning 10/1/2002 for FY2003.)

Stated Reason For Visit

The Reason for Visit is the patient's reason for visiting the ED. It is also known as the Chief Complaint. This should be the problem as perceived by the patient, as opposed to the medical diagnosis made by a medical professional. Because of the lack of a commonly used coding system for Reason for Visit, this field is reported in a free text field (up to 150 characters in length). (Please note that Reason for Visit was mandatory beginning 10/1/2002 for FY2003).

Patient Homelessness Indicator

The patient Homelessness Indicator is used to identify patients that are homeless. The Division recognizes that homeless patients do not always identify themselves as such. Neither does the Division expect hospitals to specifically ask patients whether they are homeless, if this is not their practice. However, because the homeless are a population of special concern with regard to access to care, health outcomes, etc., it is useful to identify as many of these patients as possible. If a patient reports no home address, provides the address of a known homeless shelter, or otherwise indicates that he or she is homeless, that should be indicated in this field by using a coding value of Y. Otherwise, the hospital should use the value N. (Please note that this field was mandatory beginning 10/1/2002 for FY2003.)

Principal External Cause of Injury Code (E-Code)

The ICD-9-CM code categorizes the event and condition describing the principal external cause of injuries, poisonings and adverse effects.

Payer Codes

A complete listing of the payer types and sources can be found in this manual under the Technical Documentation, Section II, part D and Part E.

PART B. DATA

5. SPECIFIC DATA ELEMENTS - *Continued*

Unique Health Identification Number (UHIN)

The patient's social security number is reported as a nine-digit number, which is then encrypted by the Division into a Unique Health Information Number (UHIN). Therefore, the social security number is never considered a case mix data element. Only the UHIN is considered a database element and only the encrypted number is used by the Division. Please note that per Regulation 114.1 CMR 17.00, the number reported for the patient's social security number should be the patient's social security number, not the social security number of some other person, such as the husband or the wife of the patient. Likewise, the social security number for the mother of a newborn should not be reported in this field, as there is a separate field designated for the social security number of the newborn's mother.

Service Line Items

Service Line Items are the CPT or HCPCS Level II codes used to bill for specific items and services provided by the ED during the visit. In addition, the code DRUGS is used to report provision of any drugs for which there are no specific HCPCS codes available. Likewise, SPPLY is used to report any supplies for which there are no specific HCPCS codes available. Since units of service are NOT collected in the database, it is possible that the item or service which a reported service line item code represents was actually provided to the patient more than once during the visit.

ED Treatment Bed

The purpose of this data element is to help measure the normal capacity of Eds. ED Treatment Bed includes only those beds in the ED that are set up and equipped on a permanent basis to treat patients. It does not include the temporary use of gurneys, stretchers, etc. Including stretchers, etc. would overestimate hospitals' physical capacity to comfortably treat a certain volume of ED patients, although the Division recognizes that in cases of overcrowding, EDs' may need to employ temporary beds.

PART B. DATA

5. SPECIFIC DATA ELEMENTS - *Continued*

ED-Based Observation Bed

ED-based Observation Beds are beds located in a distinct area within or adjacent to the ED, which are intended for use by observation patients. Hospitals should include only beds that are set up and equipped on a permanent basis to treat patients. They should not include temporary use of stretchers, gurneys, etc.

ED Site

Most hospitals submitting ED data provide emergency care at only one location. Therefore, they are considered to have a single campus or site, and need to summarize their data only once. However, others may be submitting data pertaining to care provided at multiple sites. The Division requires the latter to summarize their data separately for each site covered by the data submitted.

PART B. DATA

6. DHCFP CALCULATED FIELDS

Analysis of the UHIN data by the Division has turned up problems with some of the reported data for the inpatient and outpatient observation stays databases. For a small number of hospitals, little or no UHIN data exists as these hospitals failed to report patients' social security numbers (SSN). Other hospitals reported the same SSN repeatedly resulting in numerous visits for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's SSN to her infant or assignment of a spouse's SSN to a patient. This demographic analysis shows a probable error rate in the range of 2% - 10%.

In the past, the DHCFP has found that, on average, 91% of the SSNs submitted are valid when edited for compliance with rules issued by the Social Security Administration. Staff continually monitors the encryption process to ensure that duplicate UHINs are not inappropriately generated, and that recurring SSNs consistently encrypt to the same UHIN.

Only valid SSNs are encrypted to a UHIN. It is valid for hospitals to report that the SSN is unknown. In these cases, the UHIN appears as '000000001'.

Invalid SSNs are assigned 7 or 8 dashes and an error code. The list of error codes is as follows:

```
ssn_empty = 1  
ssn_notninechars = 2  
ssn_allcharsequal = 3  
ssn_firstthreecharszero = 4  
ssn_midtwocharszero = 5  
ssn_lastfourcharszero = 6  
ssn_notnumeric = 7  
ssn_rangeinvalid = 8  
ssn_erroroccurred = 9  
ssn_encrypterror = 10
```

****Based on these findings, the DHCFP strongly suggests that users perform qualitative checks on the data prior to drawing conclusions about that data.**

SECTION I. GENERAL DOCUMENTATION

PART C. HOSPITAL RESPONSES FY2004

1. Summary of Hospitals' FY2004 ED Final Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies By Category
4. Index of Hospitals Reporting Data Discrepancies
5. Individual Hospital Discrepancy Documentation

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2004
ED Final Verification Report Responses

| DPH ID | HOSPITAL NAME | 'A' | 'B' | NONE | COMMENTS |
|--------|---|-----|-----|------|------------------|
| 2006 | Anna Jaques Hospital | X | | | |
| 2226 | Athol Memorial Hospital | X | | | |
| 2339 | Baystate Medical Center | | X | | See explanation. |
| 2313 | Berkshire Medical Center | X | | | |
| 2054 | Beth Israel Deaconess – Needham | X | | | |
| 2069 | Beth Israel Deaconess Medical Center | X | | | |
| 2307 | Boston Medical Center – Harrison Avenue | X | | | |
| 2921 | Brigham & Women's | X | | | |
| 2118 | Brockton Hospital | X | | | |
| 2108 | Cambridge Health Alliance | X | | | |
| 2135 | Cape Cod Hospital | X | | | |
| 2003 | Caritas Carney Hospital | X | | | |
| 2101 | Caritas Good Samaritan Medical Center | | X | | See explanation. |
| 2225 | Caritas Holy Family Hospital | X | | | |

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2004
ED Final Verification Report Responses

| DPH ID | HOSPITAL NAME | 'A' | 'B' | NONE | COMMENTS |
|--------|--|-----|-----|------|------------------|
| 2114 | Caritas Norwood Hospital | X | | | |
| 2085 | Caritas St. Elizabeth's | X | | | |
| 2139 | Children's Hospital Boston | X | | | |
| 2126 | Clinton Hospital | X | | | |
| 2155 | Cooley-Dickinson Hospital | X | | | |
| 2018 | Emerson Hospital | X | | | |
| 2052 | Fairview Hospital | X | | | |
| 2289 | Falmouth Hospital | X | | | |
| 2048 | Faulkner Hospital | X | | | |
| 2120 | Franklin Medical Center | | X | | See explanation. |
| 2038 | Hallmark Health – Lawrence Memorial Hospital | X | | | |
| 2058 | Hallmark Health – Melrose-Wakefield Hospital | X | | | |
| 2143 | Harrington Memorial Hospital | X | | | |

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2004
ED Final Verification Report Responses

| DPH ID | HOSPITAL NAME | 'A' | 'B' | NONE | COMMENTS |
|--------|-----------------------------------|-----|-----|------|--|
| 2034 | Health Alliance Hospitals, Inc. | X | | | |
| 2036 | Heywood Hospital | X | | | |
| 2145 | Holyoke Medical Center | X | | | |
| 2157 | Hubbard Regional Hospital | | X | | See explanation. (Documentation updated 8/8/06 to note additional discrepancies in area of Patient Status.) |
| 2082 | Jordan Hospital | X | | | |
| 2033 | Lahey Clinic Burlington | X | | | |
| 2099 | Lawrence General Hospital | X | | | |
| 2040 | Lowell General Hospital | X | | | Hospital resubmitted data to correct a large number of unknown zip codes. |
| 2103 | Marlborough Hospital | X | | | |
| 2042 | Martha's Vineyard Hospital | X | | | |
| 2148 | Mary Lane Hospital | | X | | See explanation. |
| 2167 | Massachusetts Eye & Ear Infirmary | X | | | |
| 2168 | Mass. General Hospital | X | | | |

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2004
ED Final Verification Report Responses

| DPH ID | HOSPITAL NAME | 'A' | 'B' | NONE | COMMENTS |
|--------|--|-----|-----|------|------------------|
| 2149 | Mercy Hospital – Springfield | X | | | |
| 2131 | Merrimack Valley | X | | | |
| 2020 | MetroWest Medical Center – Framingham | X | | | |
| 2039 | MetroWest Medical Center – Leonard Morse | X | | | |
| 2105 | Milford Regional Medical Center | X | | | |
| 2227 | Milton Hospital | X | | | |
| 2022 | Morton Hospital | X | | | |
| 2071 | Mount Auburn Hospital | X | | | |
| 2044 | Nantucket Cottage Hospital | | X | | See explanation. |
| 2298 | Nashoba Valley Medical Center | | X | | See explanation. |
| 2075 | Newton-Wellesley Hospital | X | | | |
| 2076 | Noble Hospital | | X | | See explanation. |
| 2061 | North Adams Regional Hospital | X | | | |

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2004
ED Final Verification Report Responses

| DPH ID | HOSPITAL NAME | 'A' | 'B' | NONE | COMMENTS |
|--------|--|-----|-----|------|---|
| 2014 | North Shore Medical Center – Salem Hospital | X | | | |
| 2073 | North Shore Medical Center – Union Hospital | X | | | |
| 2016 | Northeast Health Systems – Addison Gilbert Hospital | X | | | |
| 2007 | Northeast Health Systems – Beverly Hospital | X | | | |
| 2151 | Quincy Medical Center | X | | | |
| 2011 | St. Anne's Hospital | X | | | |
| 2128 | Saint Vincent Hospital | | X | | See explanation. |
| 2063 | Saints Memorial Medical Center | X | | | |
| 2107 | South Shore Hospital | X | | | |
| 2337 | Southcoast Health Systems – Charlton Memorial Hospital | | X | | See explanation. |
| 2010 | Southcoast Health Systems – St. Luke's Hospital | | X | | See explanation. |
| 2106 | Southcoast Health Systems – Tobey | | X | | See explanation. |
| 2100 | Sturdy Memorial Hospital | X | | | Hospital noted that ED beds in Q4 should equal 26 |

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2004
ED Final Verification Report Responses

| DPH ID | HOSPITAL NAME | 'A' | 'B' | NONE | COMMENTS |
|--------|---|-----|-----|------|----------|
| 2299 | Tufts New England Medical Center | X | | | |
| 2841 | UMass. Memorial Medical Center | X | | | |
| 2094 | Winchester Hospital | X | | | |
| 2181 | Wing Memorial Hospital & Medical Center | X | | | |

PART C. HOSPITAL RESPONSES

2. LIST OF ERROR CATEGORIES

- ED Visits by Quarter
- ED Visit Types and ED Severities
- ED Source of Visits
- ED Mode of Transport
- Top 10 Principal Diagnosis by Number of ED Visits
- Top 10 Principal E Code by Number of ED Visits
- Top 10 Significant Procedures by Number of ED Visits
- Number of Diagnosis per ED Visits
- ED Patient Status
- Top 20 Primary Payers by Number of ED Visits
- Top 10 Principal Diagnoses by ED Charges
- ED Visits by Age
- ED Visits by Race
- ED Visits by Patient Gender
- Top 20 Patient Zip Code by ED Visits
- ED Visits by Homeless Indicator
- ED Visits by Average Hours of Service and Charges
- ED Service Site Summary

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

| Hospital | Visits by Quarter | Visit Types & ED Severities | Source of Visits | Mode of Transport | Top 10 Principal Diagnosis by Visits | Top 10 Principal E Code by Visits |
|-------------------------|--------------------------|--|-------------------------|--------------------------|---|--|
| Nantucket Cottage | X | X | X | X | X | X |
| Nashoba Valley | X | X | X | X | | |
| Noble Hospital | X | | X | X | X | |
| Saint Vincent | | | | X | | |
| Southcoast - Charlton | | | | | | X |
| Southcoast – St. Luke's | | | | | X | X |
| Southcoast - Tobey | | | | | | X |

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

| Hospital | Top 10 Significant Procedures by Visits | Number of Diagnosis per Visits | ED Patient Status | Top 20 Primary Payers by Visits | Top 10 Principal Diagnosis by Charges | Visits by Age |
|------------------------|---|--------------------------------|-------------------|---------------------------------|---------------------------------------|---------------|
| Baystate Med. Center | | | | X | | |
| Caritas Good Samaritan | | X | | | | |
| Franklin Med. Center | | | | X | | |
| Hubbard Regional | X | X | X | | | |
| Nantucket Cottage | X | | X | X | | X |
| Nashoba Valley | X | | | | | |
| Noble Hospital | | | | X | | X |
| Saint Vincent | | | X | X | | |

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

| Hospital | Visits by Race | Visits by Gender | Top 20 Patient Zip Code by Visits | Visits by Homeless Indicator | Visits by Average Hours of Service & Charges | ED Service Site Summary |
|----------------------|----------------|------------------|-----------------------------------|------------------------------|--|-------------------------|
| Baystate Med. Center | | | | | | X |
| Hubbard Regional | X | | | | | |
| Nantucket Cottage | X | X | X | X | X | X |
| Noble Hospital | X | X | X | | | |

PART C. HOSPITAL RESPONSES

4. INDEX OF HOSPITALS REPORTING DATA DISCREPANCIES FY2004

| <u>Hospital</u> | <u>Page</u> |
|-------------------------------|--------------------|
| Baystate Medical Center | 38 |
| Caritas Good Samaritan | 39 |
| Franklin Medical Center | 40 |
| Hubbard Regional Hospital | 41 |
| Mary Lane Hospital | 42 |
| Nantucket Cottage Hospital | 43 |
| Nashoba Valley Medical Center | 50 |
| Noble Hospital | 52 |
| Saint Vincent Hospital | 53 |
| Southcoast – Charlton | 54 |
| Southcoast – St. Luke's | 55 |
| Southcoast – Tobey | 56 |

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

BAYSTATE MEDICAL CENTER

Baystate Medical Center reported discrepancies in the area of Top 20 Primary Payers by Number of ED Visits and in the ED Service Site Summary. The hospital submitted the following data corrections.

Top 20 Primary Payers by Number of ED Visits: Visits classified as Payer 148 – Other HMO should be reclassified to Payer 208 – Healthnet.

| Code | Q1 | Q2 | Q3 | Q4 |
|-----------------|-----------|-----------|-----------|-----------|
| 148 – Other HMO | No change | (3525) | (3414) | (3792) |
| 208- Healthnet | No change | 3525 | 3414 | 3792 |

ED Service Site Summary:
Q1 ED Visits should be 4,559.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

CARITAS GOOD SAMARITAN MEDICAL CENTER

Caritas Good Samaritan Medical Center reported discrepancies in the area of Number of Diagnosis per ED Visits. The hospital submitted the following corrections.

| # of Diagnoses | Total |
|-----------------------|--------------|
| 0 | 22 |
| 1 | 12,495 |
| 2 | 16,441 |
| 3 | 8,731 |
| 4 | 3,466 |
| 5 | 1,386 |
| 6 | 621 |
| 7 | 267 |
| 8 | 110 |
| 9 | 49 |
| 10 | 22 |
| 11 | 7 |
| 12 | 2 |
| Total | 43,619 |

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

FRANKLIN MEDICAL CENTER

Franklin Medical Center reported discrepancies in the area of Top 20 Primary Payers by Number of ED Visits. The hospital submitted the following data corrections.

Top 20 Primary Payers by Number of ED Visits: Visits classified as Payer 148 – Other HMO should be reclassified to Payer 208 – Healthnet.

| Code | Q1 | Q2 | Q3 | Q4 |
|-----------------|-----------|-----------|-----------|-----------|
| 148 – Other HMO | No change | (415) | (544) | (528) |
| 208- Healthnet | No change | 415 | 544 | 528 |

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

HUBBARD REGIONAL HOSPITAL

Hubbard Regional Hospital reported discrepancies in the areas of Top 10 Significant Procedures by Number of ED Visits, Number of Diagnosis per ED Visits, ED Patient Status, and ED Visits by Race. The hospital indicated that the data submitted and mapping of such was incorrect. CPSI, the financial vendor is researching the process with the Information Technology Director.

Documentation Updated - August 8, 2006:

Hubbard Hospital noted additional discrepancies in the area of Patient Status – DOA. The following table contains corrected numbers.

| Code | Q1 - DHCFP | Q1 Corrected | Q2 - DHCFP | Q2 Corrected | Q3 - DHCFP | Q3 Corrected | Q4 - DHCFP | Q4 Corrected |
|-------------|-----------------------|-------------------------|-----------------------|-------------------------|-----------------------|-------------------------|-----------------------|-------------------------|
| DOA | 0 | 7 | 102 | 7 | 293 | 3 | 317 | 6 |

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

MARY LANE HOSPITAL

Mary Lane Hospital reported discrepancies in the area of Top 20 Primary Payers by Number of ED Visits. The hospital submitted the following data corrections.

| Code | Description | Q1 | Q2 | Q3 | Q4 |
|-------------|--------------------|-----------|-----------|-----------|-----------|
| 208 | Healthnet | No change | 220 | 269 | 259 |
| 207 | Network Health | No change | No change | No change | 65 |
| 148 | Other HMO | No change | (220) | (269) | (324) |

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL

Nantucket Hospital reported discrepancies in the areas of Visits by Quarter, Visit Types & Severities, Source of Visits, Mode of Transport, Top 10 Principal Diagnosis, Top 10 Principal E-Code, Top 10 Significant Procedures, Patient Status, Top 20 Primary Payers, Visits by Age, Visits by Race, Visits by Gender, Top 20 Patient Zip Codes, Visits by Homeless Indicator, Average Hours of Service, and in the ED Service Site Summary. The corrected data is set forth in the tables below.

Key:

1. The #'s - DHCF&P (Division of Health Care Finance & Policy) column = reported cases.
2. The #'s - NCH column = currently compiled data for the FY verification totals.
3. The #'s - Variance column is reported as a (-) negative where NCH actual is a higher value than DHCF&P reported. Conversely, (+) variance is indicated where the DHCF&P reported value is higher than the NCH current data #s. (?) no comparison possible - not reported.

ED Visit Totals

| DHCF&P | NCH | Variance |
|-------------------|------------|-----------------|
| 9940 | 9987 | -47 |

Visit Types & Emergency Severities

| Codes | DHCF&P | NCH | Variance |
|----------------|-------------------|------------|-----------------|
| (blank) | 0 | 4 | -4 |
| 1 – Emergency | 2490 | 1186 | +1304 |
| 2 – Urgent | 6580 | 6668 | -88 |
| 3 – Non-Urgent | 870 | 2129 | -1259 |

Source of Visits

| Codes | DHCF&P | NCH | Variance |
|--|-------------------|------------|-----------------|
| 0 – Information Not Available | 0 | 0 | 0 |
| 1 – Direct Physician Referral | 272 | 259 | +13 |
| 5 – Transfer from Skilled Nursing Facility | 1 | 1 | 0 |
| 7 – Outside ER Transfer | 9,661 | 9,721 | -60 |
| 8 – Court/Law Enforcement | 6 | 6 | 0 |
| 9 thru Z | 0 | 0 | 0 |

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL

Mode Of Transport

| Codes | DHCF&P | NCH | Variance |
|--|-------------------|------------|-----------------|
| - | 2 | 2 | 0 |
| 1 – Ambulance | 505 | 507 | -2 |
| 2 – Helicopter | 0 | 0 | 0 |
| 3 – Law Enforcement | 9 | 10 | -1 |
| 4 – Walk-In (private/public transport) | 9369 | 9413 | -44 |
| 5 – Other | 55 | 55 | 0 |
| 9 - Unknown | 0 | 0 | 0 |

Top 10 Principal Diagnosis

| Codes | DHCF&P | NCH | Variance |
|--|-------------------|------------|-----------------|
| 382.9 – Otitis Media, NOS | 350 | 351 | -1 |
| 466.0 – Acute Bronchitis | 323 | 323 | 0 |
| 462 – Acute Pharyngitis | 280 | 280 | 0 |
| 079.99 – Unspecified Viral Infection | 256 | 257 | -1 |
| 883.00 – Open Wound of Finger(s) | 206 | 206 | 0 |
| 599.0 – UTI | 204 | 204 | 0 |
| V58.3 – Attention to Surgical Care | 182 | 182 | 0 |
| V58.89 – Enct Therapeutic Drug monitor | 157 | 159 | -2 |
| 692.6 – Contact Dermatitis – plants | 150 | 150 | 0 |
| 692.9 – Contact Dermatitis – unspecified | 135 | 135 | 0 |
| 780.6 – Fever | 135 | 135 | 0 |

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL

Top 10 E-Codes

| Codes | DHCF&P | NCH | Variance |
|--|-------------------|------------|-----------------|
| - | 6699 | 6741 | -42 |
| E927 – Overexertion | 464 | 467 | -3 |
| E920.8 – Cutting & piercing objects | 319 | 330 | -11 |
| E906.4 – Bite nonvenomous arthropod | 309 | 313 | -4 |
| E917.9 – Struck by object or person | 258 | 260 | -2 |
| E885.9 – Fall from tripping, stumbling | 206 | 207 | -1 |
| E928.9 – Accident, NOS | 196 | 197 | -1 |
| E888.9 – Fall, NOS | 129 | 131 | -2 |
| E914 – Foreign body in eye/adnexa | 116 | 117 | -2 |
| E9203 – Cutting by knives, etc. | 99 | 100 | -1 |

Top 10 Significant Procedures

| Codes | DHCF&P | NCH | Variance |
|--|-------------------|------------|-----------------|
| 99283 | 5704 | 5712 | -8 |
| 99282 | 2477 | 2487 | -10 |
| 99284 | 1155 | 1158 | -3 |
| 99281 | 410 | 413 | -3 |
| 99285 | 113 | 113 | 0 |
| (blank) = # of pts left w/o being seen by MD | 55 | 55 | 0 |
| 99291 | 20 | 20 | 0 |
| *90782 – IM | 1 | 702 | -701 |
| 27560 – Closed TX patellar dislocation | 1 | 1 | 0 |
| *99292 – CC additional hrs. | 1 | 33 | -32 |

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL

Patient Status Report

| Codes | DHCF&P | NCH | Variance |
|-----------------------------------|-------------------|------------|-----------------|
| - (blank) | 0 | 0 | 0 |
| 0 – Died during ED Visit | 4 | 4 | 0 |
| 1 – Routine Discharge | 9678 | 9720 | -42 |
| 3 – Transferred to Other Facility | 180 | 181 | -1 |
| 4 - AMA | 23 | 23 | 0 |
| 6 - Eloped | 55 | 55 | 0 |
| 8 thru P | 0 | 0 | 0 |

Top 20 Primary Payer

| Codes | DHCF&P | NCH | Variance |
|-------------------------------------|-------------------|------------|-----------------|
| 142 – Blue Cross Indemnity | 3715 | 3649 | +66 |
| 147 – Other Commercial | 2672 | 2640 | +52 |
| 145 – Self-Pay | 1243 | 1515 | -272 |
| 121 – Medicare | 1144 | 1149 | -5 |
| 103 – Medicaid (includes MA Health) | 525 | 499 | +26 |
| 146 – Workers Compensation | 331 | 324 | +7 |
| 143 – Free Care | 300 | 200 | +100 |
| 151 – CHAMPUS | 10 | 11 | -1 |

? *note* (Primary Payor changes may have occurred in PT Accts. & not updated in Registration)

? *note* (NCH #'s for 145 may include 143)

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL

Visits By Age

| Codes | DHCF&P | NCH | Variance |
|---------------|--------|------|----------|
| 0 – 14 years | 2082 | 2089 | -7 |
| 15 – 24 years | 1649 | 1650 | -1 |
| 25 – 44 years | 3044 | 3057 | -13 |
| 45 – 64 years | 1955 | 1969 | -14 |
| 65+ years | 1210 | 1222 | -12 |

Visits By Race

| Codes | DHCF&P | NCH | Variance |
|---------------------|--------|------|----------|
| 1 – White | 8489 | 8531 | -42 |
| 2 – Black | 671 | 651 | -20 |
| 3 – Asian | 30 | 30 | 0 |
| 4 – Hispanic | 274 | 275 | -1 |
| 5 – American Indian | 0 | 0 | 0 |
| 6 – Other | 476 | 500 | -24 |
| 9 - Unknown | 0 | 0 | 0 |

Visits By Gender

| Codes | DHCF&P | NCH | Variance |
|------------|--------|------|----------|
| F – Female | 4946 | 4971 | -25 |
| M - Male | 4994 | 5016 | -22 |

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL

Top 20 Patient Zip Codes

| Codes | DHCF&P | NCH | Variance |
|-------------------------|-------------------|------------|-----------------|
| 02554 – Nantucket | 4699 | 4737 | -38 |
| 02584 – Nantucket | 1124 | 1131 | -7 |
| 77777 – Out of Country | 358 | 282 | +76 |
| 02564 – Siasconset | 233 | 240 | -7 |
| - | 150 | 148 | +2 |
| 10021 – New York | 51 | 51 | 0 |
| 06840 – New Canaan | 46 | 46 | 0 |
| 06830 – Greenwich | 31 | 34 | -3 |
| 06820 – Darien | 34 | 31 | +3 |
| 06831 – Greenwich | 29 | 30 | -1 |
| 11024 – New York | 28 | 28 | 0 |
| 02481 – Wellesley Hills | 27 | 27 | 0 |
| 06880 – Westport | 26 | 26 | 0 |
| 10128 – New York | 19 | 19 | 0 |
| 02030 – Dover | 18 | 18 | 0 |
| 20007 – Washington | 18 | 18 | 0 |
| 10028 – New York | 18 | 18 | 0 |
| 01742 – Concord | 17 | 17 | 0 |
| 02493 – Weston | 17 | 17 | 0 |
| 20016 – Washington | 17 | 17 | 0 |

ED Service Site Summary

| Codes | DHCF&P | NCH | Variance |
|-------------------------------|-------------------|------------|-----------------|
| Inpatient Visits | 206 | 315 | -109 |
| Outpatient Observation Visits | 306 | 204 | +102 |
| ED Outpatient Visits | 9940 | 9987 | -47 |

Emergency Department FY04 Variance Notations:

1. Homeless Indicator. No verification.
2. The 47 visit discrepancies identified during verification were most likely not completed at the time of the initial submissions and represents only 0.4% of the population.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL

Emergency Department FY04 Data Comments:

The specific areas that require comment are listed below. NCH will not be resubmitting tapes for this past fiscal year.

1. Total ED Visits: variance increased 9 visits when compared with FY03.
 - FY02 – indicated -110 variance in total visits (HCF&P vs. NCH actual)
 - FY03 – indicated -38 visits (HCF&P vs. NCH actual)
 - FY04 – indicated -47 visits (HCF&P vs. NCH actual)
2. Source of Visits:
 - #7 Outside ER transfer is the largest designation at NCH, & is used when the originating source of the visit is undetermined.
3. Mode of Transportation:
 - The #'s are consistent with the HCF&P report and NCH actual for the 2nd fiscal year.
4. Top 10 Principal Diagnoses:
 - HCF&P report and NCH actual agree with the ranking priority.
 - Note: 50 more cases of Acute Bronchitis & 102 more cases of Viral Infections treated in FY04 than FY03.
5. Top 10 Significant Procedures:

(blank) = No EM level for 55 visits/patients left w/o being seen by MD in FY04 as compared with 126 patients left w/o being seen by MD in FY03.

The variance in the EM level assignments is directly equated to the FY03 NCH actual increase in # of visits by 47 more than reported to HCF&P. EM level 99282 ranked #2 for the 2nd fiscal year.

Comment: When comparing the reported selection of Top 10 significant procedures from the HCF&P which is by the number of visits. The NCH actual figures for FY03 indicate the following procedures based on # of visits should be considered:

| | |
|---|-------|
| 12001 – Simple wound repair (2.5 cms or less) | = 208 |
| 29515 – Apply Lower leg splint | = 137 |
| 12002 – Simple wound repair (2.6 cms – 7.5 cms) | = 123 |
| 29130 – Apply finger splint | = 111 |
| 29125 – Apply forearm splint | = 91 |
6. Patient Status Report:

Consistent with HCF&P outcomes.
7. Top 10 E-Codes:

Top 10 E-codes = indicates that 32.5% of all ED visits were related to external causes of injuries. 11.2% increase compared with FY03 outcomes.
8. Visit Types:

Consistent with HCF&P based on volumes.
9. ED Service Site Summary:

Inpatient and Observation status figures appear to have been reported in the wrong categories when compared to the NCH actual figures.

NOTE: ED017 Visits by Average Hours of Service and Charges – NCH inconsistent with HCF&P. NCH Average Hours = 1.17. NCH Average Charges = \$297.46.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NASHOBA VALLEY MEDICAL CENTER

Nashoba Valley Medical Center reported discrepancies in the areas of ED Visit Types and ED Severities, ED Source of Visits, ED Mode of Transport, and Top 10 Significant Procedures by Number of ED Visits. The hospital submitted the following discrepancy documentation.

1) ED Visit Types and ED Severities

Due to a data entry error, the validation report's data is incorrect. The following numbers have been taken from the Emergency Department's documentation system. Please note that ED patients that are admitted to observation and/or inpatient status are not included in the validation report numbers; however they are included in the ED documentation system's numbers below.

| Quarter | Emergent Visits | Urgent | Non-Urgent | Newborn | Info. Unavailable | All Visit Types |
|---------|-----------------|--------|------------|---------|-------------------|-----------------|
| Q1 | 89 | 1424 | 2317 | 0 | 0 | 3830 |
| Q1 % | 2.3% | 37.2% | 60.5% | 0% | 0% | 100% |
| Q2 | 54 | 1188 | 2214 | 0 | 0 | 3456 |
| Q2 % | 1.6% | 34.4% | 64.1% | 0% | 0% | 100% |
| Q3 | 50 | 1080 | 2532 | 0 | 0 | 3662 |
| Q3 % | 1.4% | 29.5% | 69.1% | 0% | 0% | 100% |
| Q4 | 42 | 1074 | 2701 | 0 | 0 | 3817 |
| Q4 % | 1.1% | 28.1% | 70.8% | 0% | 0% | 100% |
| 2004 | 235 | 4766 | 9764 | 0 | 0 | 14765 |
| 2004 % | 1.6% | 32.3% | 66.1% | 0% | 0% | 100% |

2) ED Source of Visits

Due to a data entry error, the information for Q1 is incorrect. The number of visits in Quarter 1 for source category "9-Other" should actually be 0 or 0%, not the 932 or 29.57% that the report listed. Also in Quarter 1, the number of visits in category "M-Walk-In/Self-Referral" should be 3039, or 96.4%, not the 2017, or 66.85% that the report has listed. This would change the cumulative totals for these categories as well (3 or .03% in total for "9-Other", and 11,683, or 97.5% in total for category "M-Walk-In/Self-Referral".)

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NASHOBA VALLEY MEDICAL CENTER

3) ED Mode of Transport

Please note that due to a clerical error, the information provided for “Other” is incorrect in all quarters. The information should actually be included in the “4-Walk-in (incl. private or public transport)” category. The number of visits for “Other” should be 0 or 0% for all 4 quarters, for a total of 0 or 0%. The number of visits for “4-Walk-in (incl. private or public transportation)” should be as follows: Q1: 2741 or 87%; Q2: 2384, or 86%; Q3: 2602, or 88%; Q4: 2721, 87.8% for a total of 10,748 visits, or 87.2% in this category.

4) Top 10 Significant Procedures Number of Visits

Please note that due to a procedural change, the 9920 Injection or Infusion code now resides in the charge master, and is generated through the billing system, and no longer manually coded.

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NOBLE HOSPITAL

Noble Hospital reported discrepancies in the areas of ED Visits by Quarter, ED Source of Visits, ED Mode of Transport, Top 10 Principal Diagnosis by Number of ED Visits, Top 20 Primary Payers by Number of ED Visits, Visits by Age, Race, Gender, and Top 20 Patient Zip Code by ED Visits. The hospital submitted the discrepancy documentation that appears on the following page.

| DRG/APR Standard Report Format by Pat Rank Sum Compiled 4/13/05 | | | | | | | | | | | | | | | | | | | |
|--|-------------|------|-----|-----|-------|-----|-----|-------------|-----|-----|--------------|----------------|------------------|------------|------------------|------------|-----------|-----------|-----|
| Rank | Prin. Dx | Rank | | | Count | | | Disposition | | | Total LOS | Total Reimb | Total Charges | Diffs | Age Distribution | | | | |
| | | LOS | REM | DIF | F | M | PAT | HOM | TRN | OTH | | | | | 0 - 17 | 18 - 35 | 36- 53 | 54- 65 | 65+ |
| 1 | 883.0 | 292 | 2 | 13 | 207 | 379 | 586 | 584 | 2 | | 586 | 157695.42 | 286391.02 | -128695.60 | 85 | 189 | 196 | 64 | 52 |
| 2 | 847.0 | 368 | 1 | 28 | 290 | 211 | 501 | 500 | 1 | | 501 | 264049.18 | 327782.98 | -63733.80 | 58 | 240 | 156 | 26 | 21 |
| 3 | 845.00 | 376 | 4 | 4 | 256 | 206 | 462 | 461 | 1 | | 462 | 151225.17 | 319264.75 | -168039.58 | 130 | 194 | 100 | 23 | 15 |
| 4 | 466.0 | 975 | 8 | 15 | 249 | 182 | 431 | 426 | 2 | 3 | 431 | 113446.82 | 229657.91 | -116211.09 | 36 | 159 | 136 | 39 | 61 |
| 5 | V58.3 | 14 | 68 | 115 | 138 | 289 | 427 | 426 | 1 | | 427 | 25106.14 | 38806.03 | -13699.89 | 84 | 125 | 86 | 52 | 80 |
| 6 | 465.9 | 976 | 19 | 37 | 215 | 162 | 377 | 375 | 2 | | 377 | 70892.42 | 125826.74 | -54934.32 | 162 | 120 | 64 | 18 | 13 |
| 7 | 847.2 | 366 | 14 | 52 | 144 | 222 | 366 | 366 | | | 366 | 86570.94 | 127758.72 | -41187.78 | 6 | 166 | 148 | 26 | 20 |
| 8 | 462 | 980 | 28 | 54 | 187 | 143 | 330 | 329 | | 1 | 330 | 57975.68 | 97903.42 | -39927.74 | 78 | 192 | 48 | 7 | 5 |
| 9 | 724.2 | 654 | 20 | 40 | 156 | 157 | 313 | 311 | | 2 | 313 | 68108.98 | 120857.47 | -52748.49 | 7 | 103 | 156 | 26 | 21 |
| 10 | 920 | 226 | 6 | 8 | 163 | 144 | 307 | 301 | 4 | 2 | 307 | 122209.24 | 260486.86 | -138277.62 | 118 | 73 | 56 | 13 | 47 |

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

SAINT VINCENT HOSPITAL

Saint Vincent Hospital reported discrepancies in the areas of Mode of Transport, Patient Status, and Top 20 Primary Payers by Number of ED Visits. No further details were provided.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

SOUTHCOAST – CHARLTON MEMORIAL HOSPITAL

Southcoast – Charlton Memorial Hospital reported discrepancies in the areas of Top 10 Principal E-Code by Number of ED Visits. The hospital stated: For all Southcoast three sites, the top E-Code listed on the reports is a dash (“-“) which implies there weren’t any E-Codes for a significant number of visits (in the thousands); reports run from our Decision Support System did not replicate this. Also, the following E-Codes and visits by hospital were not listed on the DHCFP report:

| Code | Q1 | Q2 | Q3 | Q4 | Total |
|------------------------------|-----------|-----------|-----------|-----------|--------------|
| E8493 – Acc on Indust. Prem. | 698 | 575 | 727 | 792 | 2792 |
| E8495 – Accident on Street | 531 | 482 | 418 | 461 | 1892 |
| E8490 – Accident in Home | 1291 | 1209 | 1688 | 1654 | 5842 |

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

SOUTHCOAST – ST. LUKE’S

Southcoast – St. Luke’s Hospital reported discrepancies in the areas of Top 10 Principal Diagnosis by Number of ED Visits, and Top 10 Principal E-Code by Number of ED Visits.

Top 10 Principal E-Code by Number of ED Visits:

The hospital stated: For all Southcoast three sites, the top E-Code listed on the reports is a dash (“-“) which implies there weren’t any E-Codes for a significant number of visits (in the thousands); reports run from our Decision Support System did not replicate this. Also, the following E-Codes and visits by hospital were not listed on the DHCFP report:

| Code | Q1 | Q2 | Q3 | Q4 | Total |
|-----------------------------|------|-----|------|------|-------|
| E8490 – Accident in Home | 1005 | 838 | 1088 | 1122 | 4053 |
| E8495 – Accident on Street | 878 | 857 | 914 | 897 | 3546 |
| E8496 Accident in Pub. Bldg | 582 | 411 | 441 | 568 | 2002 |

Top 10 Principal Diagnosis by Number of ED Visits

Diagnosis Code V719 (V7190) “Observation for Suspect Condition NOS” lists 441 visits, but 74 of these are patients that left without being seen at all. The **actual number** of visits during FY2004 for this particular diagnosis code should be 367.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

SOUTHCOAST – TOBEY HOSPITAL

Southcoast – Tobey Hospital reported discrepancies in the areas of Top 10 Principal E-Code by Number of ED Visits. The hospital stated: For all Southcoast three sites, the top E-Code listed on the reports is a dash (“-“) which implies there weren’t any E-Codes for a significant number of visits (in the thousands); reports run from our Decision Support System did not replicate this.

SECTION I. GENERAL DOCUMENTATION

PART D. CAUTIONARY USE HOSPITALS

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART D. CAUTIONARY USE HOSPITALS

The Emergency Department Visit Database contains all submissions together - both passed and failed submissions - for all hospitals within the database. The failed submissions are marked with an asterisk for easy identification. The database file includes a supplementary report, "Top Errors", listing all top errors by hospitals. This list contains top errors for both passed and failed submissions. Although this is not a cautionary use listing, its purpose is to provide the user with an overview of all hospitals' top errors, not just the failed submissions.

Please note that all hospitals (with the exception of Nantucket Cottage Hospital) submitted four quarters of acceptable data for FY2004, as specified under Regulation 114.1 CMR 17.00.

Nantucket Cottage Hospital failed all four quarters due to the fact that it was not able to provide Medical Record Number.

SECTION I. GENERAL DOCUMENTATION

PART E. HOSPITALS SUBMITTING EMERGENCY DEPARTMENT VISIT DATA FOR FY2004

- 1. List of Hospitals Submitting Data for FY2004**
- 2. Hospitals with No Data Submissions**
- 3. ED Visit Totals and Charges for Hospitals Submitting
Data by Quarter**
- 4. List of Hospitals with No Emergency Department**

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2004

1. LIST OF HOSPITALS SUBMITTING ED DATA FOR FY2004

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Medical Center
Berkshire Health Systems – Berkshire Medical Center
Beth Israel Deaconess – Needham
Beth Israel Deaconess Medical Center
Boston Medical Center – Harrison Avenue Campus
Brigham & Women’s Hospital
Brockton Hospital
Cambridge Health Alliance
Cape Cod Hospital
Caritas Carney Hospital
Caritas Good Samaritan Medical Center
Caritas Holy Family
Caritas Norwood Hospital
Caritas St. Elizabeth’s
Children’s Hospital Boston
Clinton Hospital
Cooley-Dickinson Hospital
Emerson Hospital
Fairview Hospital
Falmouth Hospital
Faulkner Hospital
Franklin Medical Center
Hallmark Health Systems – Lawrence Memorial
Hallmark Health Systems – Melrose Hospital
Harrington Memorial Hospital
Health Alliance Hospitals, Inc.
Heywood Hospital
Holyoke Hospital
Hubbard Regional Hospital
Jordan Hospital
Lahey Clinic – Burlington
Lawrence General Hospital
Lowell General Hospital
Marlborough Hospital
Martha’s Vineyard Hospital
Mary Lane Hospital

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2004

1. LIST OF HOSPITALS SUBMITTING ED DATA FOR FY2004 - *Continued*

Massachusetts Eye & Ear Infirmary
Massachusetts General Hospital
Mercy Hospital – Springfield
Merrimack Valley Hospital
MetroWest Medical Center – Framingham
MetroWest Medical Center – Leonard Morse
Milford Regional Medical Center
Milton Hospital
Morton Hospital
Mount Auburn Hospital
Nantucket Cottage Hospital
Nashoba Valley Medical Center
Newton-Wellesley Hospital
Noble Hospital
North Adams Regional Hospital
North Shore – Salem Hospital
North Shore – Union Hospital
Northeast Health Systems – Addison Gilbert
Northeast Health Systems – Beverly Hospital
Quincy Medical Center
St. Anne’s Hospital
Saint Vincent Hospital
Saints Memorial Medical Center
South Shore Hospital
Southcoast Health Systems – Charlton
Southcoast Health Systems – St. Luke’s
Southcoast Health Systems – Tobey
Sturdy Memorial Hospital
Tufts New England Medical Center
UMass. Memorial Medical Center
Winchester Hospital
Wing Memorial Hospital

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2004

2. LIST OF HOSPITALS WITH NO ED DATA FOR FY2004

The Division is pleased to announce that all hospitals submitted emergency department data for FY2004.

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2004

3. ED VISIT TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA – BY QUARTER

The following is a list of hospitals submitting data with discharge totals and charges by quarter. It is included here as a means of enabling users to crosscheck the contents of the electronic data file they receive.

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

| Qtr. | Hospital Name | DPH # | Total Discharges | Total Charges |
|-------------|---------------------------------------|--------------|-------------------------|----------------------|
| 1 | Anna Jaques Hospital | 2006 | 6,100 | \$3,358,075 |
| 2 | Anna Jaques Hospital | | 5,466 | \$3,087,233 |
| 3 | Anna Jaques Hospital | | 6,029 | \$3,372,109 |
| 4 | Anna Jaques Hospital | | 6,518 | \$3,802,170 |
| | Totals | | 24,113 | \$13,619,587 |
| 1 | Athol Memorial Hospital | 2226 | 1,946 | \$2,283,708 |
| 2 | Athol Memorial Hospital | | 1,788 | \$2,186,469 |
| 3 | Athol Memorial Hospital | | 2,048 | \$2,207,649 |
| 4 | Athol Memorial Hospital | | 2,131 | \$2,421,868 |
| | Totals | | 7,913 | \$9,099,694 |
| 1 | Baystate Medical Center | 2339 | 17,599 | \$17,154,337 |
| 2 | Baystate Medical Center | | 18,828 | \$16,766,770 |
| 3 | Baystate Medical Center | | 19,436 | \$17,610,708 |
| 4 | Baystate Medical Center | | 20,620 | \$18,770,215 |
| | Totals | | 76,483 | \$70,302,030 |
| 1 | Berkshire Health Systems – Berkshire | 2313 | 10,447 | \$7,078,102 |
| 2 | Berkshire Health Systems – Berkshire | | 9,209 | \$6,639,968 |
| 3 | Berkshire Health Systems – Berkshire | | 10,397 | \$7,305,262 |
| 4 | Berkshire Health Systems – Berkshire | | 11,195 | \$8,101,501 |
| | Totals | | 41,248 | \$29,124,833 |
| 1 | Beth Israel Deaconess – Needham | 2054 | 2,255 | \$1,647,480 |
| 2 | Beth Israel Deaconess – Needham | | 2,049 | \$1,631,417 |
| 3 | Beth Israel Deaconess – Needham | | 2,470 | \$1,936,392 |
| 4 | Beth Israel Deaconess – Needham | | 2,446 | \$1,864,204 |
| | Totals | | 9,220 | \$7,079,493 |
| 1 | Beth Israel Deaconess Medical Center | 2069 | 7,252 | \$13,266,924 |
| 2 | Beth Israel Deaconess Medical Center | | 6,868 | \$13,623,678 |
| 3 | Beth Israel Deaconess Medical Center | | 7,158 | \$13,667,172 |
| 4 | Beth Israel Deaconess Medical Center | | 7,206 | \$14,638,950 |
| | Totals | | 28,484 | \$55,196,724 |
| 1 | Boston Medical Center – Harrison Ave. | 2307 | 25,930 | \$20,597,285 |
| 2 | Boston Medical Center – Harrison Ave. | | 25,293 | \$20,887,606 |
| 3 | Boston Medical Center – Harrison Ave. | | 26,084 | \$28,094,542 |
| 4 | Boston Medical Center – Harrison Ave. | | 26,417 | \$27,830,064 |
| | Totals | | 103,724 | \$97,409,497 |
| 1 | Brigham & Women's Hospital | 2921 | 8,878 | \$11,912,045 |
| 2 | Brigham & Women's Hospital | | 8,640 | \$11,854,161 |
| 3 | Brigham & Women's Hospital | | 8,794 | \$11,913,425 |
| 4 | Brigham & Women's Hospital | | 9,086 | \$12,283,948 |
| | Totals | | 35,398 | \$47,963,579 |

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2004

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

| Qtr. | Hospital Name | DPH # | Total Discharges | Total Charges |
|-------------|-------------------------------------|--------------|-------------------------|----------------------|
| 1 | Brockton Hospital | 2118 | 12,927 | \$13,436,399 |
| 2 | Brockton Hospital | | 11,904 | \$12,824,017 |
| 3 | Brockton Hospital | | 12,204 | \$13,203,323 |
| 4 | Brockton Hospital | | 12,731 | \$13,631,785 |
| | Totals | | 49,766 | \$53,095,524 |
| 1 | Cambridge Health Alliance | 2108 | 17,734 | \$15,107,907 |
| 2 | Cambridge Health Alliance | | 17,232 | \$14,923,921 |
| 3 | Cambridge Health Alliance | | 18,671 | \$16,448,268 |
| 4 | Cambridge Health Alliance | | 18,859 | \$17,900,486 |
| | Totals | | 72,496 | \$64,380,582 |
| 1 | Cape Cod Hospital | 2135 | 16,183 | \$11,998,487 |
| 2 | Cape Cod Hospital | | 14,758 | \$11,217,680 |
| 3 | Cape Cod Hospital | | 16,540 | \$12,437,119 |
| 4 | Cape Cod Hospital | | 19,830 | \$14,802,863 |
| | Totals | | 67,311 | \$50,456,149 |
| 1 | Caritas Carney Hospital | 2003 | 6,288 | \$3,685,300 |
| 2 | Caritas Carney Hospital | | 5,624 | \$3,484,789 |
| 3 | Caritas Carney Hospital | | 5,980 | \$3,902,402 |
| 4 | Caritas Carney Hospital | | 6,000 | \$3,965,048 |
| | Totals | | 23,892 | \$15,037,539 |
| 1 | Caritas Good Samaritan Medical Ctr. | 2101 | 11,324 | \$8,063,440 |
| 2 | Caritas Good Samaritan Medical Ctr. | | 10,390 | \$7,707,582 |
| 3 | Caritas Good Samaritan Medical Ctr. | | 10,529 | \$7,984,896 |
| 4 | Caritas Good Samaritan Medical Ctr. | | 11,047 | \$7,925,640 |
| | Totals | | 43,290 | \$31,681,558 |
| 1 | Caritas Holy Family Hospital | 2225 | 8,315 | \$6,247,329 |
| 2 | Caritas Holy Family Hospital | | 7,743 | \$6,206,176 |
| 3 | Caritas Holy Family Hospital | | 8,213 | \$6,338,353 |
| 4 | Caritas Holy Family Hospital | | 8,307 | \$6,410,159 |
| | Totals | | 32,578 | \$25,202,017 |
| 1 | Caritas Norwood Hospital | 2114 | 10,014 | \$9,136,567 |
| 2 | Caritas Norwood Hospital | | 9,187 | \$8,981,934 |
| 3 | Caritas Norwood Hospital | | 10,045 | \$9,573,610 |
| 4 | Caritas Norwood Hospital | | 9,861 | \$9,874,763 |
| | Totals | | 39,107 | \$37,566,874 |
| 1 | Caritas St. Elizabeth's Hospital | 2085 | 5,296 | \$4,122,158 |
| 2 | Caritas St. Elizabeth's Hospital | | 5,199 | \$4,362,590 |
| 3 | Caritas St. Elizabeth's Hospital | | 5,346 | \$4,855,450 |
| 4 | Caritas St. Elizabeth's Hospital | | 5,309 | \$5,140,059 |
| | Totals | | 21,150 | \$18,480,257 |
| 1 | Children's Hospital Boston | 2139 | 10,703 | \$10,754,579 |
| 2 | Children's Hospital Boston | | 10,186 | \$10,591,989 |
| 3 | Children's Hospital Boston | | 9,530 | \$10,577,397 |
| 4 | Children's Hospital Boston | | 9,020 | \$10,435,600 |
| | Totals | | 39,439 | \$42,359,565 |

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2004

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

| Qtr. | Hospital Name | DPH # | Total Discharges | Total Charges |
|-------------|-------------------------------------|--------------|-------------------------|----------------------|
| 1 | Clinton Hospital | 2126 | 2,489 | \$2,560,604 |
| 2 | Clinton Hospital | | 2,226 | \$2,239,999 |
| 3 | Clinton Hospital | | 2,441 | \$2,331,406 |
| 4 | Clinton Hospital | | 2,497 | \$2,574,337 |
| | Totals | | 9,653 | \$9,706,346 |
| 1 | Cooley Dickinson Hospital | 2155 | 7,091 | \$3,224,010 |
| 2 | Cooley Dickinson Hospital | | 6,328 | \$3,046,153 |
| 3 | Cooley Dickinson Hospital | | 7,300 | \$3,508,512 |
| 4 | Cooley Dickinson Hospital | | 7,572 | \$3,689,833 |
| | Totals | | 28,291 | \$13,468,508 |
| 1 | Emerson Hospital | 2018 | 7,269 | \$4,958,600 |
| 2 | Emerson Hospital | | 6,240 | \$4,973,420 |
| 3 | Emerson Hospital | | 6,890 | \$5,498,328 |
| 4 | Emerson Hospital | | 6,713 | \$5,435,691 |
| | Totals | | 27,112 | \$20,866,039 |
| 1 | Fairview Hospital | 2052 | 2,487 | \$1,426,686 |
| 2 | Fairview Hospital | | 2,419 | \$1,500,615 |
| 3 | Fairview Hospital | | 2,666 | \$1,562,841 |
| 4 | Fairview Hospital | | 3,163 | \$1,918,702 |
| | Totals | | 10,735 | \$6,408,844 |
| 1 | Falmouth Hospital | 2289 | 6,792 | \$5,445,346 |
| 2 | Falmouth Hospital | | 5,812 | \$4,774,737 |
| 3 | Falmouth Hospital | | 6,706 | \$5,398,233 |
| 4 | Falmouth Hospital | | 6,108 | \$5,975,281 |
| | Totals | | 25,418 | \$21,593,597 |
| 1 | Faulkner Hospital | 2048 | 5,167 | \$7,142,024 |
| 2 | Faulkner Hospital | | 4,894 | \$6,752,147 |
| 3 | Faulkner Hospital | | 5,114 | \$6,850,001 |
| 4 | Faulkner Hospital | | 5,243 | \$7,051,218 |
| | Totals | | 20,418 | \$27,795,390 |
| 1 | Franklin Medical Center | 2120 | 4,748 | \$4,224,639 |
| 2 | Franklin Medical Center | | 4,235 | \$3,816,550 |
| 3 | Franklin Medical Center | | 5,041 | \$4,573,616 |
| 4 | Franklin Medical Center | | 5,224 | \$4,855,498 |
| | Totals | | 19,248 | \$17,470,303 |
| 1 | Hallmark Health – Lawrence Memorial | 2038 | 4,162 | \$3,415,018 |
| 2 | Hallmark Health – Lawrence Memorial | | 3,744 | \$3,235,074 |
| 3 | Hallmark Health – Lawrence Memorial | | 3,783 | \$3,197,361 |
| 4 | Hallmark Health – Lawrence Memorial | | 3,980 | \$3,438,469 |
| | Totals | | 15,669 | \$13,285,922 |
| 1 | Hallmark Health – Melrose Hospital | 2058 | 9,180 | \$7,824,073 |
| 2 | Hallmark Health – Melrose Hospital | | 8,385 | \$7,585,588 |
| 3 | Hallmark Health – Melrose Hospital | | 8,738 | \$8,014,696 |
| 4 | Hallmark Health – Melrose Hospital | | 9,481 | \$8,800,508 |
| | Totals | | 35,784 | \$32,224,865 |

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2004

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

| Qtr. | Hospital Name | DPH # | Total Discharges | Total Charges |
|-------------|------------------------------|--------------|-------------------------|----------------------|
| 1 | Harrington Memorial Hospital | 2143 | 5,020 | \$3,500,852 |
| 2 | Harrington Memorial Hospital | | 4,293 | \$3,303,395 |
| 3 | Harrington Memorial Hospital | | 4,694 | \$3,653,697 |
| 4 | Harrington Memorial Hospital | | 5,130 | \$4,184,603 |
| | Totals | | 19,137 | \$14,642,547 |
| 1 | Health Alliance Hospital | 2034 | 10,264 | \$4,715,392 |
| 2 | Health Alliance Hospital | | 9,054 | \$4,303,654 |
| 3 | Health Alliance Hospital | | 9,801 | \$4,467,342 |
| 4 | Health Alliance Hospital | | 10,227 | \$5,268,726 |
| | Totals | | 39,346 | \$18,755,114 |
| 1 | Heywood Hospital | 2036 | 4,619 | \$4,999,989 |
| 2 | Heywood Hospital | | 4,292 | \$4,947,607 |
| 3 | Heywood Hospital | | 4,447 | \$4,869,893 |
| 4 | Heywood Hospital | | 4,424 | \$4,457,511 |
| | Totals | | 17,782 | \$19,275,000 |
| 1 | Holyoke Hospital | 2145 | 6,918 | \$3,844,682 |
| 2 | Holyoke Hospital | | 6,392 | \$3,551,239 |
| 3 | Holyoke Hospital | | 6,693 | \$3,867,361 |
| 4 | Holyoke Hospital | | 6,974 | \$4,248,323 |
| | Totals | | 26,977 | \$15,511,605 |
| 1 | Hubbard Regional Hospital | 2157 | 2,515 | \$2,389,107 |
| 2 | Hubbard Regional Hospital | | 2,227 | \$2,142,067 |
| 3 | Hubbard Regional Hospital | | 2,501 | \$2,258,794 |
| 4 | Hubbard Regional Hospital | | 2,605 | \$2,500,058 |
| | Totals | | 9,848 | \$9,290,026 |
| 1 | Jordan Hospital | 2082 | 9,177 | \$10,030,235 |
| 2 | Jordan Hospital | | 8,263 | \$9,223,428 |
| 3 | Jordan Hospital | | 8,985 | \$9,937,856 |
| 4 | Jordan Hospital | | 9,907 | \$10,975,079 |
| | Totals | | 36,332 | \$40,166,598 |
| 1 | Lahey Clinic Burlington | 2033 | 10,953 | \$9,685,362 |
| 2 | Lahey Clinic Burlington | | 9,939 | \$9,103,387 |
| 3 | Lahey Clinic Burlington | | 10,870 | \$9,578,004 |
| 4 | Lahey Clinic Burlington | | 10,866 | \$10,061,732 |
| | Totals | | 42,628 | \$38,428,485 |
| 1 | Lawrence General Hospital | 2099 | 9,302 | \$9,577,276 |
| 2 | Lawrence General Hospital | | 8,669 | \$9,127,553 |
| 3 | Lawrence General Hospital | | 8,916 | \$9,822,319 |
| 4 | Lawrence General Hospital | | 8,876 | \$8,792,854 |
| | Totals | | 35,763 | \$37,320,002 |
| 1 | Lowell General Hospital | 2040 | 9,098 | \$5,735,193 |
| 2 | Lowell General Hospital | | 8,378 | \$5,704,378 |
| 3 | Lowell General Hospital | | 9,120 | \$6,252,858 |
| 4 | Lowell General Hospital | | 9,221 | \$6,529,075 |
| | Totals | | 35,817 | \$24,221,504 |

General Documentation
FY2004 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2004

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

| Qtr. | Hospital Name | DPH # | Total Discharges | Total Charges |
|-------------|-------------------------------------|--------------|-------------------------|----------------------|
| 1 | Marlborough Hospital | 2103 | 5,482 | \$5,117,347 |
| 2 | Marlborough Hospital | | 5,044 | \$5,158,918 |
| 3 | Marlborough Hospital | | 5,448 | \$6,317,599 |
| 4 | Marlborough Hospital | | 5,712 | \$7,676,510 |
| | Totals | | 21,686 | \$24,270,374 |
| 1 | Martha's Vineyard Hospital | 2042 | 2,893 | \$2,436,297 |
| 2 | Martha's Vineyard Hospital | | 2,440 | \$2,053,891 |
| 3 | Martha's Vineyard Hospital | | 3,195 | \$3,203,637 |
| 4 | Martha's Vineyard Hospital | | 5,390 | \$5,252,316 |
| | Totals | | 13,918 | \$12,946,141 |
| 1 | Mary Lane Hospital | 2148 | 3,636 | \$2,974,564 |
| 2 | Mary Lane Hospital | | 2,945 | \$2,754,969 |
| 3 | Mary Lane Hospital | | 3,433 | \$2,969,287 |
| 4 | Mary Lane Hospital | | 3,556 | \$3,191,701 |
| | Totals | | 13,570 | \$11,890,521 |
| 1 | Mass. Eye & Ear Infirmary | 2167 | 4,247 | \$2,047,482 |
| 2 | Mass. Eye & Ear Infirmary | | 4,738 | \$2,516,341 |
| 3 | Mass. Eye & Ear Infirmary | | 5,435 | \$2,567,747 |
| 4 | Mass. Eye & Ear Infirmary | | 5,727 | \$2,674,236 |
| | Totals | | 20,147 | \$9,805,806 |
| 1 | Massachusetts General Hospital | 2168 | 12,825 | \$25,340,527 |
| 2 | Massachusetts General Hospital | | 12,164 | \$24,104,706 |
| 3 | Massachusetts General Hospital | | 12,437 | \$24,493,041 |
| 4 | Massachusetts General Hospital | | 12,393 | \$24,285,707 |
| | Totals | | 49,819 | \$98,223,981 |
| 1 | Mercy Hospital - Springfield | 2149 | 11,736 | \$5,384,391 |
| 2 | Mercy Hospital - Springfield | | 9,916 | \$4,940,707 |
| 3 | Mercy Hospital - Springfield | | 10,914 | \$5,617,446 |
| 4 | Mercy Hospital - Springfield | | 11,366 | \$5,988,161 |
| | Totals | | 43,932 | \$21,930,705 |
| 1 | Merrimack Valley Hospital | 2131 | 5,929 | \$4,683,137 |
| 2 | Merrimack Valley Hospital | | 5,258 | \$4,519,558 |
| 3 | Merrimack Valley Hospital | | 5,681 | \$4,631,815 |
| 4 | Merrimack Valley Hospital | | 6,014 | \$4,717,647 |
| | Totals | | 22,882 | \$18,552,157 |
| 1 | MetroWest Medical Ctr. - Framingham | 2020 | 9,991 | \$8,929,102 |
| 2 | MetroWest Medical Ctr. - Framingham | | 9,320 | \$8,918,433 |
| 3 | MetroWest Medical Ctr. - Framingham | | 9,737 | \$9,499,949 |
| 4 | MetroWest Medical Ctr. - Framingham | | 9,899 | \$9,420,843 |
| | Totals | | 38,947 | \$36,768,327 |
| 1 | MetroWest Med. Ctr. – Leonard Morse | 2039 | 3,575 | \$3,172,886 |
| 2 | MetroWest Med. Ctr. – Leonard Morse | | 3,222 | \$3,006,639 |
| 3 | MetroWest Med. Ctr. – Leonard Morse | | 3,741 | \$3,411,106 |
| 4 | MetroWest Med. Ctr. – Leonard Morse | | 3,600 | \$3,216,461 |
| | Totals | | 14,138 | \$12,807,092 |

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FY2004 Outpatient Hospital Emergency Department Database

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2004

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

| Qtr. | Hospital Name | DPH # | Total Discharges | Total Charges |
|-------------|---------------------------------|--------------|-------------------------|----------------------|
| 1 | Milford Regional Medical Center | 2105 | 9,553 | \$10,223,378 |
| 2 | Milford Regional Medical Center | | 8,248 | \$8,064,535 |
| 3 | Milford Regional Medical Center | | 9,520 | \$9,031,827 |
| 4 | Milford Regional Medical Center | | 9,772 | \$9,282,848 |
| | Totals | | 37,093 | \$36,602,588 |
| 1 | Milton Hospital | 2227 | 3,696 | \$2,804,919 |
| 2 | Milton Hospital | | 3,534 | \$2,851,481 |
| 3 | Milton Hospital | | 3,577 | \$2,801,882 |
| 4 | Milton Hospital | | 3,716 | \$2,905,941 |
| | Totals | | 14,523 | \$11,364,223 |
| 1 | Morton Hospital | 2022 | 11,842 | \$8,743,810 |
| 2 | Morton Hospital | | 11,184 | \$8,314,733 |
| 3 | Morton Hospital | | 11,409 | \$8,373,785 |
| 4 | Morton Hospital | | 11,870 | \$9,153,396 |
| | Totals | | 46,305 | \$34,585,724 |
| 1 | Mount Auburn Hospital | 2071 | 5,173 | \$5,829,021 |
| 2 | Mount Auburn Hospital | | 4,709 | \$5,686,703 |
| 3 | Mount Auburn Hospital | | 5,105 | \$5,984,721 |
| 4 | Mount Auburn Hospital | | 5,273 | \$6,194,065 |
| | Totals | | 20,260 | \$23,694,510 |
| 1 | Nantucket Cottage Hospital | 2044 | 1,882 | \$1,299,129 |
| 2 | Nantucket Cottage Hospital | | 1,267 | \$962,779 |
| 3 | Nantucket Cottage Hospital | | 2,287 | \$1,621,270 |
| 4 | Nantucket Cottage Hospital | | 4,504 | \$2,968,460 |
| | Totals | | 9,940 | \$6,851,638 |
| 1 | Nashoba Valley Hospital | 2298 | 3,152 | \$2,620,324 |
| 2 | Nashoba Valley Hospital | | 2,773 | \$2,493,020 |
| 3 | Nashoba Valley Hospital | | 2,958 | \$2,793,983 |
| 4 | Nashoba Valley Hospital | | 3,099 | \$3,021,859 |
| | Totals | | 11,982 | \$10,929,186 |
| 1 | Newton-Wellesley Hospital | 2075 | 9,586 | \$11,285,261 |
| 2 | Newton-Wellesley Hospital | | 9,114 | \$10,658,933 |
| 3 | Newton-Wellesley Hospital | | 9,549 | \$10,929,418 |
| 4 | Newton-Wellesley Hospital | | 9,297 | \$10,953,324 |
| | Totals | | 37,546 | \$43,826,936 |
| 1 | Noble Hospital | 2076 | 5,915 | \$3,837,454 |
| 2 | Noble Hospital | | 5,027 | \$3,590,755 |
| 3 | Noble Hospital | | 5,378 | \$3,737,024 |
| 4 | Noble Hospital | | 5,682 | \$4,167,466 |
| | Totals | | 22,002 | \$15,332,699 |
| 1 | North Adams Regional Hospital | 2061 | 4,587 | \$3,680,979 |
| 2 | North Adams Regional Hospital | | 4,033 | \$3,393,331 |
| 3 | North Adams Regional Hospital | | 4,384 | \$3,426,219 |
| 4 | North Adams Regional Hospital | | 4,392 | \$3,555,523 |
| | Totals | | 17,396 | \$14,056,052 |

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PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2004

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

| Qtr. | Hospital Name | DPH # | Total Discharges | Total Charges |
|-------------|------------------------------------|--------------|-------------------------|----------------------|
| 1 | North Shore - Salem Hospital | 2014 | 13,650 | \$7,696,985 |
| 2 | North Shore - Salem Hospital | | 12,448 | \$7,756,232 |
| 3 | North Shore - Salem Hospital | | 12,912 | \$8,760,537 |
| 4* | North Shore - Salem Hospital | | 19,882 | \$14,923,810 |
| | Totals | | 58,892 | \$39,137,564 |
| 1 | North Shore - Union Hospital | 2073 | 6,519 | \$5,111,472 |
| 2 | North Shore - Union Hospital | | 5,813 | \$5,059,009 |
| 3 | North Shore - Union Hospital | | 6,193 | \$5,322,437 |
| 4 | North Shore - Union Hospital | | 0 | \$0 |
| | Totals | | 18,525 | \$15,492,918 |
| 1 | Northeast Health – Addison Gilbert | 2016 | 2,895 | \$1,990,540 |
| 2 | Northeast Health – Addison Gilbert | | 2,642 | \$1,957,128 |
| 3 | Northeast Health – Addison Gilbert | | 2,984 | \$2,128,250 |
| 4 | Northeast Health – Addison Gilbert | | 3,353 | \$2,390,819 |
| | Totals | | 11,874 | \$8,466,737 |
| 1 | Northeast Health – Beverly | 2007 | 8,030 | \$5,724,970 |
| 2 | Northeast Health – Beverly | | 7,175 | \$5,296,432 |
| 3 | Northeast Health – Beverly | | 7,903 | \$5,728,530 |
| 4 | Northeast Health – Beverly | | 8,044 | \$6,257,676 |
| | Totals | | 31,152 | \$23,007,608 |
| 1 | Quincy Medical Center | 2151 | 6,334 | \$4,257,603 |
| 2 | Quincy Medical Center | | 5,768 | \$4,063,402 |
| 3 | Quincy Medical Center | | 6,278 | \$5,028,256 |
| 4 | Quincy Medical Center | | 6,862 | \$5,748,550 |
| | Totals | | 25,242 | \$19,097,811 |
| 1 | St. Anne's Hospital | 2011 | 8,415 | \$6,802,517 |
| 2 | St. Anne's Hospital | | 7,252 | \$6,123,843 |
| 3 | St. Anne's Hospital | | 7,904 | \$6,757,291 |
| 4 | St. Anne's Hospital | | 7,699 | \$6,828,699 |
| | Totals | | 31,270 | \$26,512,350 |
| 1 | Saint Vincent Hospital | 2128 | 8,684 | \$9,144,765 |
| 2 | Saint Vincent Hospital | | 7,591 | \$8,402,007 |
| 3 | Saint Vincent Hospital | | 8,493 | \$9,172,329 |
| 4 | Saint Vincent Hospital | | 8,750 | \$9,498,797 |
| | Totals | | 33,518 | \$36,217,898 |
| 1 | Saints Memorial Medical Center | 2063 | 10,649 | \$4,866,389 |
| 2 | Saints Memorial Medical Center | | 9,435 | \$4,685,354 |
| 3 | Saints Memorial Medical Center | | 9,994 | \$4,775,941 |
| 4 | Saints Memorial Medical Center | | 10,622 | \$5,081,797 |
| | Totals | | 40,700 | \$19,409,481 |
| 1 | South Shore Hospital | 2107 | 14,830 | \$14,857,291 |
| 2 | South Shore Hospital | | 13,547 | \$14,280,768 |
| 3 | South Shore Hospital | | 14,205 | \$15,054,114 |
| 4 | South Shore Hospital | | 14,418 | \$17,863,916 |
| | Totals | | 57,000 | \$62,056,089 |

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PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2004

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

| Qtr. | Hospital Name | DPH # | Total Discharges | Total Charges |
|-------------|----------------------------------|--------------|-------------------------|------------------------|
| 1 | Southcoast Health - Charlton | 2337 | 14,536 | \$10,970,320 |
| 2 | Southcoast Health - Charlton | | 13,261 | \$10,563,590 |
| 3 | Southcoast Health - Charlton | | 14,039 | \$11,268,408 |
| 4 | Southcoast Health - Charlton | | 14,757 | \$11,993,516 |
| | Totals | | 56,593 | \$44,795,834 |
| 1 | Southcoast – St. Luke’s | 2010 | 14,855 | \$12,906,115 |
| 2 | Southcoast – St. Luke’s | | 13,025 | \$12,058,568 |
| 3 | Southcoast – St. Luke’s | | 13,906 | \$12,749,382 |
| 4 | Southcoast – St. Luke’s | | 14,440 | \$13,938,616 |
| | Totals | | 56,226 | \$51,652,681 |
| 1 | Southcoast - Tobey | 2106 | 5,369 | \$3,593,741 |
| 2 | Southcoast - Tobey | | 4,761 | \$3,314,978 |
| 3 | Southcoast - Tobey | | 5,389 | \$3,720,963 |
| 4 | Southcoast - Tobey | | 6,073 | \$4,255,287 |
| | Totals | | 21,592 | \$14,884,969 |
| 1 | Sturdy Memorial Hospital | 2100 | 9,706 | \$7,207,708 |
| 2 | Sturdy Memorial Hospital | | 8,712 | \$6,737,591 |
| 3 | Sturdy Memorial Hospital | | 9,610 | \$7,273,730 |
| 4 | Sturdy Memorial Hospital | | 10,028 | \$7,800,152 |
| | Totals | | 38,056 | \$29,019,181 |
| 1 | Tufts New England Medical Center | 2299 | 8,273 | \$5,308,263 |
| 2 | Tufts New England Medical Center | | 7,554 | \$5,113,965 |
| 3 | Tufts New England Medical Center | | 8,018 | \$5,446,363 |
| 4 | Tufts New England Medical Center | | 8,186 | \$5,514,759 |
| | Totals | | 32,031 | \$21,383,350 |
| 1 | UMass. Memorial Medical Center | 2841 | 23,820 | \$24,204,599 |
| 2 | UMass. Memorial Medical Center | | 22,139 | \$23,290,340 |
| 3 | UMass. Memorial Medical Center | | 23,078 | \$27,332,261 |
| 4 | UMass. Memorial Medical Center | | 23,278 | \$29,121,812 |
| | Totals | | 92,315 | \$103,949,012 |
| 1 | Winchester Hospital | 2094 | 7,822 | \$5,439,504 |
| 2 | Winchester Hospital | | 6,684 | \$4,954,218 |
| 3 | Winchester Hospital | | 7,758 | \$5,502,532 |
| 4 | Winchester Hospital | | 7,849 | \$5,735,876 |
| | Totals | | 30,113 | \$21,632,130 |
| 1 | Wing Memorial Hospital | 2181 | 2,786 | \$1,564,544 |
| 2 | Wing Memorial Hospital | | 2,257 | \$1,389,245 |
| 3 | Wing Memorial Hospital | | 2,726 | \$1,667,079 |
| 4 | Wing Memorial Hospital | | 2,910 | \$1,823,239 |
| | Totals | | 10,679 | \$6,444,107 |
| | | | | |
| | TOTALS – ALL HOSPITALS | | 2,273,434 | \$2,036,084,577 |
| | | | Total Discharges | Total Charges |

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PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2004

4. Hospitals With No Emergency Department FY2004

Not all acute care hospitals in Massachusetts provide emergency services. For FY2004, there were 70 emergency departments and satellite facilities which reported ED visit data.

| Hospital Name | Comments |
|--------------------------------|--|
| Caritas Norcap Lodge | Did not provide emergency services for FY2004. |
| Dana Farber Cancer Center | Did not provide emergency services for FY2004. |
| Kindred Hospital – Boston | Did not provide emergency services for FY2004. |
| Kindred Hospital – North Shore | Did not provide emergency services for FY2004. |
| New England Baptist Hospital | Did not provide emergency services for FY2004. |
| Providence Hospital | Did not provide emergency services for FY2004. |

SECTION I. GENERAL DOCUMENTATION

PART F. SUPPLEMENTARY INFORMATION

Supplement I

Table of ED Data Field Names, Field Descriptions,
and Error Type (A or B)

Supplement II

List of Type A and Type B Errors

Supplement III

Content of Hospital Verification Report Package

Supplement IV

Hospital Addresses, DPH ID, ORG ID & Service Site ID
Numbers

Supplement V

Alphabetical Source of Payment List

Supplement VI

Numerical Source of Payment List

Supplement VII

Mergers, Name Changes, Closures, Conversions & Non-
Acute Care Hospitals

General Documentation
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PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT I. TABLE OF FIELD NAMES, DESCRIPTIONS, ERROR TYPE

| # | FIELD NAME | DESCRIPTION | ERROR TYPE |
|----|--|---|-----------------------|
| 1 | Record Type | Indicator for Record Type '10', '20', '21', '60', '94', or '95' | A |
| 2 | DHCFP Organization ID for Provider | MA DHCFP assigned Organization ID to the provider filing the submission | A |
| 3 | Department of Public Health Number for Provider (DPH#) | Number assigned by DPH and agreed to by the hospital and the DHCFP as the filing number for the hospital filing the submission. | A |
| 4 | Provider Name | Name of provider submitting this batch of ED visits. | A |
| 5 | Provider Address | Mailing address of provider – Address | Not an error type |
| 6 | Provider City | Mailing address of provider – City | Not an error type |
| 7 | Provider State | Mailing address of provider – State | Not an error type |
| 8 | Provider Zip Code | Mailing address of provider – Zip Code | Not an error type |
| 9 | Period Starting Date | Valid quarter begin date | A |
| 10 | Period Ending Date | Valid quarter end date | A |
| 11 | Processing Date | Date provider prepares file | A |
| 12 | File Reference Number | Inventory number of the file as assigned by the provider | Not an error type |
| 13 | Hospital Service Site Number | Designated DHCFP Organization ID Number for the site of service where the ED visit occurred. | A |
| 14 | Unique Health Information Number (UHIN) | Patient's encrypted Social Security Number | A |
| 15 | Medical Record Number | Patient's hospital Medical Record Number | A |
| 16 | Billing Number | Hospital billing number for patient | A |
| 17 | Mother's Unique Health Information Number (UHIN) | Mother's encrypted social security number for infants up to one year old or less | B |
| 18 | Medicaid Claim Certificate Number | Medicaid Claim Certificate Number, also referred to as the Medicaid Recipient ID# | A |
| 19 | Date of Birth | Patient's date of birth | A |
| 20 | Sex | Patient's sex | A |
| 21 | Race | Patient's race | B |
| 22 | Zip Code | Patient's residential 5-digit zip code | B |
| 23 | Zip Code Extension | Patient's residential 4-digit zip code extension | Not an error type |
| 24 | Registration Date | Date of patient's registration in the ED | A |
| 25 | Registration Time | Time of patient's registration in the ED | A |
| 26 | Discharge Date | Date patient leaves the ED. | W until 10/1/02 (A) * |

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PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT I. TABLE OF FIELD NAMES, DESCRIPTIONS, ERROR TYPE

| # | FIELD NAME | DESCRIPTION | ERROR TYPE |
|----|--------------------------------|---|--------------------------|
| 27 | Discharge Time | Time patient actually leaves the ED at the conclusion of the visit | W until 10/1/02 (B) * |
| 28 | Type of Visit | Patient's type of visit | B |
| 29 | Source of Visit | Originating, referring, transferring source of ED visit | B |
| 30 | Secondary Source of Visit | Secondary referring or transferring source of ED visit | B |
| 31 | Departure Status | A code indicating patient's status as of the Discharge Date and Time | A |
| 32 | Primary Source of Payment | Patient's expected primary source of payment | A |
| 33 | Secondary Source of Payment | Patient's expected secondary source of payment | A |
| 34 | Charges | Grand total of all charges associated with the patient's ED visit (rounded to the nearest dollar) | A |
| 35 | Other Physician Number | Encrypted physician's state license number (BORIM#) for physician other than the ED physician who provided services related to the patient's visit. Mass. Board of Registration in Medicine license number (BORIM#), or "DENSG", "PODTR", "OTHER", or "MIDWIF" or Dental Surgeon, Podiatrist, Other (i.e., non-permanent licensed physicians), or Midwife, respectively | B |
| 36 | ED Physician Number | Encrypted physician for physician who had primary responsibility for the patient's care in the ED. Mass. Board of Registration in Medicine license number (BORIM#), or "DENSG", "PODTR", "OTHER", or "MIDWIF" or Dental Surgeon, Podiatrist, Other (i.e., non-permanent licensed physicians), or Midwife, respectively | B |
| 37 | Other Caregiver Code | Other caregiver with significant responsibility for patient's care | B |
| 38 | Principal Diagnosis Code | Patient's Principal Diagnosis (ICD-9-CM Principal Diagnosis excluding decimal point) | A |
| 39 | Associated Diagnosis Codes 1-5 | Patient's first, second, third, fourth and fifth associated diagnosis codes (ICD-9 Associated Diagnosis 1, 2, 3, 4 & 5 excluding decimal point) | A |

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PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT I. TABLE OF FIELD NAMES, DESCRIPTIONS, ERROR TYPE

| # | FIELD NAME | DESCRIPTION | ERROR TYPE |
|----|--|--|--------------------------|
| 40 | Principal Procedure Code | Patient's principal significant procedure as reported in FL 80 of the UB-92. ICD-9-CM code excluding decimal point or CPT code as indicated in the Procedure Code Type field in the patient's record. | A |
| 41 | Associated Significant Procedures 1-3 | Patient's first, second and third associated procedure codes as reported in FL 81 of the UB-92. ICD-9-CM code excluding decimal point or CPT code as indicated in the Procedure Code Type field in the patient's record. | A |
| 42 | Emergency Severity Index | Emergency Severity Index | B |
| 43 | Principal E-Code | Principal E-Code (External Cause of Injury Code) | A |
| 44 | Procedure Code Type | Coding system used to report Principal and Associated Significant Procedures in the patient's record. 4 = CPT-4; 9 = ICD-9-CM. | A |
| 45 | Transport | Patient's Mode of Transport to the ED | A |
| 46 | Ambulance Run Sheet Number | EMS (Ambulance) Run Sheet Number | W until 10/1/02 (A) * |
| 47 | Homeless Indicator | Indicates whether the patient is known to be homeless | W until 10/1/02 (A) * |
| 48 | Stated Reason for Visit | Patient's stated reason for visit or chief complaint (text narrative) | W until 10/1/02 (A) * |
| 49 | Service Line Item | Patient's Service provided (line item detail): valid CPT or HCPCS code, as reported in FL 44 of the UB-92 claim | B |
| 50 | Number of ED Treatment Beds at Site | Number of ED beds on the last day of the reporting period | A |
| 51 | Number of ED-based Observation beds at Site | Number of Observation Beds on the last day of the reporting period | A |
| 52 | Total Number of ED-based beds at site | Combined total number of ED beds and ED-based observation beds | A |
| 53 | ED Visits – Admitted to Inpatient at Site | Total number of registered ED visits occurring during the reporting period that resulted in inpatient admission (whether preceded by an observation stay or not). | A |
| 54 | ED Visits – Admitted to Outpatient Observation at site | Total number of registered ED visits occurring during the reporting period that resulted in admission to outpatient observation, but not inpatient admission. | A |

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PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT I. TABLE OF FIELD NAMES, DESCRIPTIONS, ERROR TYPE

| # | FIELD NAME | DESCRIPTION | ERROR TYPE |
|----|--|--|-------------------|
| 55 | ED Visits – All Other Outpatient ED Visits at Site | Total number of registered ED visits occurring during the reporting period that had a disposition other than admission to outpatient observation and/or inpatient care | A |
| 56 | ED Visits – Total Registered at Site | Total number of all registered ED visits occurring during the reporting period, regardless of disposition | A |
| 57 | End of Record Indicator | Denotes end of list in Hospital Service Site Summary record. | A |
| 58 | Group Element: Site Summaries 2-4 | Additional Site Summary Data for the same Provider Submission. | Not an error type |
| 59 | Number of Outpatient ED Visits | A count of the number of record type 20 entries for this provider filing | A |
| 60 | Total Charges for Batch | Sum of Charges entered in RT 20, field 24 (Charges) | A |

* This was a required field and must be present as of 10/1/02.

SUPPLEMENT II. LIST OF TYPE 'A' AND TYPE 'B' ERRORS

TYPE 'A' ERRORS:

Record Type
DHCFP Organization ID for provider
DPH Number for Provider
Provider Name
Period Starting Date
Period Ending Date
Processing Date
Hospital Service Site Reference
Social Security Number
Medical Record Number
Billing Number
Medicaid Claim Certificate Number
Patient Birth Date
Patient Sex
Registration Date
Registration Time
Discharge Date (effective 10/1/02)
Departure Status
Primary Source of Payment
Secondary Source of Payment
Charges
Principal Diagnosis Code
Associate Diagnosis Code (I-V)
Principal Procedure Code
Associate Significant Procedure I
Associate Significant Procedure II
Associate Significant Procedure III
Principal E-Code
Procedure Code Type
Transport
Ambulance Run Sheet Number (delayed indefinitely)
Medical Record Number
Stated Reason for Visit (effective 10/1/02)
End of Line Items Indicator
Number of ED Treatment Beds at Site
Number of ED-based Observation Beds at Site
Total Number of ED-based Beds at Site

SUPPLEMENT II. LIST OF TYPE 'A' AND TYPE 'B' ERRORS

TYPE 'A' ERRORS – Continued:

ED Visits – Admitted to Inpatient at Site
ED Visits – Admitted to Outpatient Observation at Site
ED Visits – All Other Outpatient ED Visits at Site
ED Visits – Total Registered at Site
End of Record Indicator
Number of Outpatient ED Visits
Total Charges for Batch

TYPE 'B' ERRORS:

Mother's Social Security Number
Patient Race
Patient Zip Code
Discharge Time (effective 10/1/02)
Type of Visit
Source of Visit
Secondary Source of Visit
Other Physician Number
ED Physician Number
Other Caregiver Code
Emergency Severity Index
Homeless Indicator (effective 10/1/02)
Service Line Item

SUPPLEMENT III. CONTENT OF HOSPITAL VERIFICATION PACKAGE

The Hospital Verification Report includes the following frequency distribution tables:

- Visits by Quarter
- Visit Types and Emergency Severities
- Source of Visits
- Mode of Transport
- Top 10 Principal Diagnosis by Number of Visits
- Top 10 Principal E-Codes by Number of Visits
- Top 10 Significant Procedures by Number of Visits
- Number of Diagnosis per Visit
- Patient Status
- Top 20 Primary Payers by Number of Visits
- Top 10 Principal Diagnosis by Charges
- Visits by Age
- Visits by Race
- Visits by Gender
- Top 20 Patient ZIP Codes by Number of Visits
- Homeless Indicator
- Average Hours of Service and Charges
- Service Site Summary – includes # of treatment beds, # of observation beds, total ED beds, inpatient visits, outpatient observation visits, % outpatient observation visits, other observation visits, % of other outpatient visits, total registered visits

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**SUPPLEMENT IV. HOSPITAL ADDRESSES, DPH ID, ORG ID
& SERVICE SITE ID NUMBERS**

| Current Organization Name | Hospital Address | Hospital Org ID | Filing Org ID | DPH ID | Site ID |
|--|--|------------------------|----------------------|---------------|----------------|
| Anna Jaques Hospital | 25 Highland Avenue Newburyport, MA 01950 | 1 | 1 | 2006 | 1 |
| Athol Memorial Hospital | 2033 Main Street Athol, MA 01331 | 2 | 2 | 2226 | 2 |
| Baystate Medical Center | 3601 Main Street Springfield, MA 01107-1116 | 4 | 4 | 2339 | 4 |
| Berkshire Medical Center – Berkshire Campus | 725 North Street Pittsfield, MA 01201 | 6309 | 7 | 2313 | 7 |
| Berkshire Medical Center – Hillcrest Campus | 165 Tor Court Road Pittsfield, MA 01201 | 6309 | 7 | 2231 | 9 |
| Beth Israel Deaconess Hospital – Needham | 148 Chestnut Street Needham, MA 02192 | 53 | 53 | 2054 | 53 |
| Beth Israel Deaconess Medical Center | 330 Brookline Avenue Boston, MA 02215 | 8702 | 10 | 2069 | 10 |
| Boston Medical Center – Harrison Avenue Campus | 88 East Newton Street Boston, MA 02118 | 3107 | 16 | 2307 | 16 |
| Boston Medical Center – East Newton Campus | | 3107 | 16 | 2084 | 144 |
| Brigham and Women’s Hospital | 75 Francis Street Boston, MA 02115 | 22 | 22 | 2921 | 22 |
| Brockton Hospital | 680 Centre Street Brockton, MA 02402 | 25 | 25 | 2118 | 25 |
| Cambridge Health Alliance – Cambridge Campus | 65 Beacon Street Somerville, MA 02143 | 3108 | 27 | 2108 | 27 |
| Cambridge Health Alliance – Somerville Campus | | 3108 | 27 | 2001 | 143 |
| Cambridge Health Alliance – Whidden Memorial Campus | | 3108 | 27 | 2046 | 142 |
| Cape Cod Hospital | 27 Park Street Hyannis, MA 02601 | 39 | 39 | 2135 | |

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& SERVICE SITE ID NUMBERS**

| Current Organization Name | Hospital Address | Hospital Org ID | Filing Org ID | DPH ID | Site ID |
|--|--|-----------------|---------------|--------|---------|
| Caritas Carney Hospital | 2100 Dorchester Avenue Dorchester, MA 02124 | 42 | 42 | 2003 | |
| Caritas Good Samaritan Medical Center | 235 North Pearl Street Brockton, MA 02301 | 8701 | 62 | 2101 | |
| Caritas Good Samaritan Med. Ctr. – Norcap Lodge Campus | 71 Walnut Avenue Foxboro, MA 02035 | 8701 | 4460 | 2KGH | |
| Caritas Holy Family Hospital and Medical Center | 70 East Street Methuen, MA 01844 | 75 | 75 | 2225 | |
| Caritas Norwood Hospital | 800 Washington Street Norwood, MA 02062 | 41 | 41 | 2114 | |
| Caritas St. Elizabeth's Hospital | 736 Cambridge Street Brighton, MA 02135 | 126 | 126 | 2085 | |
| Children's Hospital Boston | 300 Longwood Avenue Boston, MA 02115 | 46 | 46 | 2139 | |
| Clinton Hospital | 201 Highland Street Clinton, MA 01510 | 132 | 132 | 2126 | |
| Cooley Dickinson Hospital | 30 Locust Street Northampton, MA 01060-5001 | 50 | 50 | 2155 | |
| Dana-Farber Cancer Institute | 44 Binney Street Boston, MA 02115 | 51 | 51 | 2335 | |
| Emerson Hospital | Route 2 Concord, MA 01742 | 57 | 57 | 2018 | |
| Fairview Hospital | 29 Lewis Avenue Great Barrington, MA 01230 | 8 | 8 | 2052 | |
| Falmouth Hospital | 100 Ter Heun Drive Falmouth, MA 02540 | 40 | 40 | 2289 | |
| Faulkner Hospital | 1153 Centre Street Jamaica Plain, MA 02130 | 59 | 59 | 2048 | |

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**SUPPLEMENT IV. HOSPITAL ADDRESSES, DPH ID, ORG ID
& SERVICE SITE ID NUMBERS**

| Current Organization Name | Hospital Address | Hospital Org ID | Filing Org ID | DPH ID | Site ID |
|--|--|------------------------|----------------------|---------------|----------------|
| Franklin Medical Center | 164 High Street Greenfield, MA 01301 | 5 | 5 | 2120 | |
| Hallmark Health System – Lawrence Memorial Campus | 170 Governors Avenue Medford, MA 02155 | 3111 | 66 | 2038 | |
| Hallmark Health System – Melrose-Wakefield Campus | 585 Lebanon Street Melrose, MA 02176 | 3111 | 141 | 2058 | |
| Harrington Memorial Hospital | 100 South Street Southbridge, MA 01550 | 68 | 68 | 2143 | |
| Health Alliance Hospitals, Inc. | 60 Hospital Road Leominster, MA 01453-8004 | 71 | 71 | 2034 | |
| Health Alliance Hospital – Burbank Campus | | 71 | 71 | 2034 | 8548* |
| Health Alliance Hospital – Leominster Campus | | 71 | 71 | 2127 | 8509* |
| Heywood Hospital | 242 Green Street Gardner, MA 01440 | 73 | 73 | 2036 | |
| Holyoke Medical Center | 575 Beech Street Holyoke, MA 01040 | 77 | 77 | 2145 | |
| Hubbard Regional Hospital | 340 Thompson Road Webster, MA 01570 | 78 | 78 | 2157 | |
| Jordan Hospital | 275 Sandwich Street Plymouth, MA 02360 | 79 | 79 | 2082 | |
| Kindred Hospital - Boston | 1515 Comm. Ave. Boston, MA 02135 | 136 | 136 | 2091 | |
| Kindred Hospital Boston – North Shore | 15 King Street Peabody, MA 01960 | 135 | 135 | 2171 | |
| Lahey Clinic – Burlington Campus | 41 Mall Road Burlington, MA 01805 | 6546 | 81 | 2033 | 81 |
| Lahey Clinic North Shore | | 6546 | 81 | 2033 | 4448 |

*Use of Site ID will begin in FY05.

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**SUPPLEMENT IV. HOSPITAL ADDRESSES, DPH ID, ORG ID
& SERVICE SITE ID NUMBERS**

| Current Organization Name | Hospital Address | Hospital Org ID | Filing Org ID | DPH ID | Site ID |
|---|--|------------------------|----------------------|---------------|----------------|
| Lawrence General Hospital | One General Street Lawrence, MA 01842-0389 | 83 | 83 | 2099 | |
| Lowell General Hospital | 295 Varnum Avenue Lowell, MA 01854 | 85 | 85 | 2040 | |
| Marlborough Hospital | 57 Union Street Marlborough, MA 01752-9981 | 133 | 133 | 2103 | |
| Martha's Vineyard Hospital | Linton Lane Oak Bluffs, MA 02557 | 88 | 88 | 2042 | |
| Mary Lane Hospital | 85 South Street Ware, MA 01082 | 6 | 6 | 2148 | |
| Massachusetts Eye & Ear Infirmary | 243 Charles Street Boston, MA 02114-3096 | 89 | 89 | 2167 | |
| Massachusetts General Hospital | 55 Fruit Street Boston, MA 02114 | 91 | 91 | 2168 | |
| Mercy Medical Center - Providence Behavioral Health Hospital | 1233 Main Street Holyoke, MA 01040 | 6547 | 118 | 2150 | 118 |
| Mercy Medical Center– Springfield Campus | 271 Carew Street Springfield, MA 01102 | 6547 | 119 | 2149 | 119 |
| Merrimack Valley Hospital | 140 Lincoln Avenue Haverhill, MA 01830-6798 | 70 | 70 | 2131 | |
| MetroWest Medical Center – Framingham Campus | 115 Lincoln Street Framingham, MA 01701 | 3110 | 49 | 2020 | 49 |
| MetroWest Medical Center – Leonard Morse Campus | 67 Union Street Natick, MA 01760 | 3110 | 457 | 2039 | 457 |
| Milford Regional Medical Center | 14 Prospect Street Milford, MA 01757 | 97 | 97 | 2105 | |
| Milton Hospital | 92 Highland Street Milton, MA 02186 | 98 | 98 | 2227 | |
| Morton Hospital and Medical Center | 88 Washington St. Taunton, MA 02780 | 99 | 99 | 2022 | |
| Mount Auburn Hospital | 330 Mt. Auburn St. Cambridge, MA 02238 | 100 | 100 | 2071 | |

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**SUPPLEMENT IV. HOSPITAL ADDRESSES, DPH ID, ORG ID
& SERVICE SITE ID NUMBERS**

| Current Organization Name | Hospital Address | Hospital Org ID | Filing Org ID | DPH ID | Site ID |
|--|---|------------------------|-----------------------|---------------|----------------|
| Nantucket Cottage Hospital | 57 Prospect Street Nantucket, MA 02554 | 101 | 101 | 2044 | |
| Nashoba Valley Medical Center | 200 Groton Road Ayer, MA 01432 | 52 | 52 | 2298 | |
| New England Baptist Hospital | 125 Parker Hill Avenue Boston, MA 02120 | 103 | 103 | 2059 | |
| Newton-Wellesley Hospital | 2014 Washington Street Newton, MA 02162 | 105 | 105 | 2075 | |
| Noble Hospital | 115 West Silver St. Westfield, MA 01086 | 106 | 106 | 2076 | |
| North Adams Regional Hospital | Hospital Avenue North Adams, MA 01247 | 107 | 107 | 2061 | |
| North Shore Medical Center – Salem Campus | 81 Highland Avenue Salem, MA 01970 | 345 | 116 | 2014 | 116 |
| North Shore Medical Center – Union Campus | 500 Lynnfield St. Lynn, MA 01904-1424 | 345 | 116 formerly #3 | 2073 | 3 |
| Northeast Health System–Addison Gilbert Campus | 298 Washington Street Gloucester, MA 01930 | 3112 | 109 | 2016 | |
| Northeast Health System – Beverly Campus | 85 Herrick Street Beverly, MA 01915 | 3112 | 110 | 2007 | |
| Quincy Medical Center | 114 Whitwell Street Quincy, MA 02169 | 112 | 112 | 2151 | |
| Saint Anne’s Hospital | 795 Middle Street Fall River, MA 02721 | 114 | 114 | 2011 | |
| Saint Vincent Hospital at Worcester Medical Center | 20 Worcester Ctr. Blvd. Worcester, MA 01608 | 127 | 127 | 2128 | |
| Saints Memorial Medical Center | One Hospital Drive Lowell, MA 01852 | 115 | 115 | 2063 | |
| South Shore Hospital | 55 Fogg Road South Weymouth, MA 02190 | 122 | 122 | 2107 | |

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**SUPPLEMENT IV. HOSPITAL ADDRESSES, DPH ID, ORG ID
& SERVICE SITE ID NUMBERS**

| Current Organization Name | Hospital Address | Hospital Org ID | Filing Org ID | DPH ID | Site ID |
|---|---|------------------------|----------------------|--------------------------|----------------|
| Southcoast Hospitals Group – Charlton Memorial Campus | 363 Highland Avenue Fall River, MA 02720 | 3113 | 123 | 2337 | |
| Southcoast Hospitals Group - St. Luke's Campus | 101 Page Street New Bedford, MA 02740 | 3113 | 124 | 2010 | |
| Southcoast Hospitals Group – Tobey Hospital Campus | 43 High Street Wareham, MA 02571 | 3113 | 145 | 2106 | |
| Sturdy Memorial Hospital | 211 Park Street Attleboro, MA 02703 | 129 | 129 | 2100 | |
| Tufts-New England Medical Center | 750 Washington Street Boston, MA 02111 | 104 | 104 | 2299 | |
| U.Mass. Memorial Medical Center – Memorial Campus | 120 Front Street Worcester, MA 01608 | 3115 | 131 | 2841 (Formerly #2124) | 130 |
| UMass. Memorial Medical Center – University Campus | | 3115 | 131 | 2841 | 131 |
| Winchester Hospital | 41 Highland Avenue Winchester, MA 01890 | 138 | 138 | 2094 | |
| Wing Memorial Hospital and Medical Centers | 40 Wright Street Palmer, MA 01069-1187 | 139 | 139 | 2181 | |

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SUPPLEMENT V.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|---|---|------------------------------------|
| 137 | AARP/Medigap supplement ** | 7 | COM |
| 71 | ADMAR | E | PPO |
| 51 | Aetna Life Insurance | 7 | COM |
| 161 | Aetna Managed Choice POS | D | COM-MC |
| 22 | Aetna Open Choice PPO | D | COM-MC |
| 272 | Auto Insurance | T | AI |
| 138 | Banker's Life and Casualty Insurance ** | 7 | COM |
| 139 | Banker's Multiple Line ** | 7 | COM |
| 2 | Bay State – a product of HMO Blue | C | BCBS-MC |
| 136 | BCBS Medex ** | 6 | BCBS |
| 11 | Blue Care Elect | C | BCBS-MC |
| 46 | Blue CHiP (BCBS Rhode Island) | 8 | HMO |
| 160 | Blue Choice (incl. Healthflex Blue) - POS | C | BCBS-MC |
| 142 | Blue Cross Indemnity | 6 | BCBS |
| 50 | Blue Health Plan for Kids | 6 | BCBS |
| 52 | Boston Mutual Insurance | 7 | COM |
| 154 | BCBS Other (not listed elsewhere) *** | 6 | BCBS |
| 155 | Blue Cross Managed Care Other (not listed elsewhere) *** | C | BCBS-MC |
| 151 | CHAMPUS | 5 | GOV |
| 204 | Christian Brothers Employee | 7 | COM |
| 30 | CIGNA (Indemnity) | 7 | COM |
| 250 | CIGNA HMO | D | COM-MC |
| 171 | CIGNA POS | D | COM-MC |
| 87 | CIGNA PPO | D | COM-MC |
| 140 | Combined Insurance Company of America** | 7 | COM |
| 21 | Commonwealth PPO | C | BCBS-MC |
| 44 | Community Health Plan | 8 | HMO |
| 13 | Community Health Plan Options (New York) | J | POS |
| 42 | ConnectiCare of Massachusetts | 8 | HMO |
| 54 | Continental Assurance Insurance | 7 | COM |
| 69 | Corporate Health Insurance Liberty Plan | 7 | COM |
| 4 | Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass.) | 8 | HMO |

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SUPPLEMENT V.
ALPHABETICAL SOURCE OF PAYMENT LIST
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| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|--|---|------------------------------------|
| 167 | Fallon POS | J | POS |
| 67 | First Allmerica Financial Life Insurance | 7 | COM |
| 181 | First Allmerica Financial Life Insurance EPO | D | COM-MC |
| 27 | First Allmerica Financial Life Insurance PPO | D | COM-MC |
| 152 | Foundation | 0 | OTH |
| 143 | Free Care | 9 | FC |
| 990 | Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143) | 9 | FC |
| 88 | Freedom Care | E | PPO |
| 153 | Grant | 0 | OTH |
| 162 | Great West Life POS | D | COM-MC |
| 28 | Great West Life PPO | D | COM-MC |
| 89 | Great West/NE Care | 7 | COM |
| 55 | Guardian Life Insurance | 7 | COM |
| 23 | Guardian Life Insurance Company PPO | D | COM-MC |
| 56 | Hartford L&A Insurance | 7 | COM |
| 200 | Hartford Life Insurance Co ** | 7 | COM |
| 1 | Harvard Community Health Plan | 8 | HMO |
| 20 | HCHP of New England (formerly RIGHA) | 8 | HMO |
| 37 | HCHP-Pilgrim HMO (integrated product) | 8 | HMO |
| 208 | HealthNet (Boston Medical Center MCD Program) | B | MCD-MC |
| 14 | Health new England Advantage POS | J | POS |
| 38 | Health New England Select (self-funded) | 8 | HMO |
| 24 | Health New England, Inc. | 8 | HMO |
| 45 | Health Source New Hampshire | 8 | HMO |
| 98 | Healthy Start | 9 | FC |
| 251 | Healthsource CMHC HMO | 8 | HMO |
| 164 | Healthsource CMHC Plus POS | J | POS |
| 49 | Healthsource CMHC Plus PPO | E | PPO |
| 72 | Healthsource New Hampshire | 7 | COM |
| 165 | Healthsource New Hampshire POS (Self-funded) | J | POS |
| 90 | Healthsource Preferred (self-funded) | E | PPO |
| 271 | Hillcrest HMO | 8 | HMO |
| 81 | HMO Blue | C | BCBS-MC |
| 130 | Invalid (replaced by #232 and 233) | | |
| 12 | Invalid (replaced by #49) | | |

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SUPPLEMENT V.
ALPHABETICAL SOURCE OF PAYMENT LIST
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| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|---|---|------------------------------------|
| 53 | Invalid (no replacement) | | |
| 117 | Invalid (no replacement) | | |
| 123 | Invalid (no replacement) | | |
| 92 | Invalid (replaced by # 84, 166, 184) | | |
| 105 | Invalid (replaced by #111) | | |
| 32 | Invalid (replaced by #157 and 158) | | |
| 41 | Invalid (replaced by #157) | | |
| 15 | Invalid (replaced by #158) | | |
| 29 | Invalid (replaced by #171 and 250) | | |
| 16 | Invalid (replaced by #172) | | |
| 124 | Invalid (replaced by #222) | | |
| 126 | Invalid (replaced by #230) | | |
| 122 | Invalid (replaced by #234) | | |
| 6 | Invalid (replaced by #251) | | |
| 76 | Invalid (replaced by #270) | | |
| 26 | Invalid (replaced by #75) | | |
| 5 | Invalid (replaced by #9) | | |
| 61 | Invalid (replaced by #96) | | |
| 68 | Invalid (replaced by #96) | | |
| 60 | Invalid (replaced by #97) | | |
| 57 | John Hancock Life Insurance | 7 | COM |
| 82 | John Hancock Preferred | D | COM-MC |
| 169 | Kaiser Added Choice | J | POS |
| 40 | Kaiser Foundation | 8 | HMO |
| 58 | Liberty Life Insurance | 7 | COM |
| 85 | Liberty Mutual | 7 | COM |
| 59 | Lincoln National Insurance | 7 | COM |
| 19 | Matthew Thornton | 8 | HMO |
| 103 | Medicaid (includes MassHealth) | 4 | MCD |
| 107 | Medicaid Managed Care – Community Health Plan | B | MCD-MC |
| 108 | Medicaid Managed Care – Fallon Community Health Plan | B | MCD-MC |
| 109 | Medicaid Managed Care – Harvard Community Health Plan | B | MCD-MC |
| 110 | Medicaid Managed Care – Health New England | B | MCD-MC |
| 111 | Medicaid Managed Care – HMO Blue | B | MCD-MC |

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| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|--|---|------------------------------------|
| 112 | Medicaid Managed Care – Kaiser Foundation Plan | B | MCD-MC |
| 113 | Medicaid Managed Care – Neighborhood Health Plan | B | MCD-MC |
| 115 | Medicaid Managed Care – Pilgrim Health Care | B | MCD-MC |
| 114 | Medicaid Managed Care – United Health Plans of NE (Ocean State Physician's Plan) | B | MCD-MC |
| 119 | Medicaid Managed Care Other (not listed elsewhere) *** | B | MCD-MC |
| 106 | Medicaid Managed Care-Central Mass. Health Care | B | MCD-MC |
| 104 | Medicaid Managed Care-Primary Care Clinician (PCC) | B | MCD-MC |
| 116 | Medicaid Managed Care – Tufts Associated Health Plan | B | MCD-MC |
| 118 | Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership | B | MCD-MC |
| 121 | Medicare | 3 | MCR |
| 220 | Medicare HMO – Blue Care 65 | F | MCR-MC |
| 125 | Medicare HMO – Fallon Senior Plan | F | MCR-MC |
| 221 | Medicare HMO – Harvard Community Health Plan 65 | F | MCR-MC |
| 223 | Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus | F | MCR-MC |
| 230 | Medicare HMO – HCHP First Seniority | F | MCR-MC |
| 127 | Medicare HMO – Health New England Medicare Wrap ** | F | MCR-MC |
| 222 | Medicare HMO – Healthsource CMHC | F | MCR-MC |
| 212 | Medicare HMO – Healthsource CMHC Central Care Supplement ** | F | MCR-MC |
| 128 | Medicare HMO – HMO Blue for Seniors ** | F | MCR-MC |
| 129 | Medicare HMO – Kaiser Medicare Plus Plan ** | F | MCR-MC |
| 234 | Medicare HMO – Managed Blue for Seniors | F | MCR-MC |
| 132 | Medicare HMO – Matthew Thornton Senior Plan | F | MCR-MC |
| 211 | Medicare HMO – Neighborhood Health Plan Senior Health Plus ** | F | MCR-MC |
| 134 | Medicare HMO – Other (not listed elsewhere) *** | F | MCR-MC |
| 131 | Medicare HMO – Pilgrim Enhance 65 ** | F | MCR-MC |
| 210 | Medicare HMO – Pilgrim Preferred 65 ** | F | MCR-MC |

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| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|--|---|------------------------------------|
| 231 | Medicare HMO – Pilgrim Prime | F | MCR-MC |
| 232 | Medicare HMO – Seniorcare Direct | F | MCR-MC |
| 233 | Medicare HMO – Seniorcare Plus | F | MCR-MC |
| 224 | Medicare HMO – Tufts Secure Horizons | F | MCR-MC |
| 225 | Medicare HMO – US Healthcare | F | MCR-MC |
| 133 | Medicare HMO – Tufts Medicare Supplement (TMS) | F | MCR-MC |
| 43 | MEDTAC | 8 | HMO |
| 96 | Metrahealth (United Care of NE) | 7 | COM |
| 158 | Metrahealth – HMO (United Care of NE) | D | COM-MC |
| 172 | Metrahealth – POS (United Care of NE) | D | COM-MC |
| 157 | Metrahealth – PPO (United Care of NE) | D | COM-MC |
| 201 | Mutual of Omaha ** | 7 | COM |
| 62 | Mutual of Omaha Insurance | 7 | COM |
| 33 | Mutual of Omaha PPO | D | COM-MC |
| 47 | Neighborhood Health Plan | 8 | HMO |
| 3 | Network Blue (PPO) | C | BCBS-MC |
| 207 | Network Health (Cambridge Health Alliance MCD Program) | B | MCD-MC |
| 91 | New England Benefits | 7 | COM |
| 63 | Mutual of Omaha Insurance | 7 | COM |
| 64 | New York Life Care Indemnity (New York Life Insurance) | 7 | COM |
| 34 | New York Life Care PPO | D | COM-MC |
| 202 | New York Life Insurance ** | 7 | COM |
| 159 | None (Valid only for secondary source of payment) | N | NONE |
| 31 | One Health Plan HMO (Great West Life) | D | COM-MC |
| 77 | Options for Healthcare PPO | E | PPO |
| 147 | Other Commercial Insurance (not listed elsewhere) *** | 7 | COM |
| 199 | Other EPO (not listed elsewhere) *** | K | EPO |
| 144 | Other Government | 5 | GOV |
| 148 | Other HMO (not listed elsewhere) *** | 8 | HMO |
| 141 | Other Medigap (not listed elsewhere) | 7 | COM |
| 150 | Other Non-Managed Care (not listed elsewhere) *** | 0 | OTH |
| 99 | Other POS (not listed elsewhere) *** | J | POS |
| 156 | Out of State BCBS | 6 | BCBS |
| 120 | Out-of-State Medicaid | 5 | GOV |
| 135 | Out-of-State Medicare | 3 | MCR |

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| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|---|---|------------------------------------|
| 65 | Paul Revere Life Insurance | 7 | COM |
| 78 | Phoenix Preferred PPO | D | COM-MC |
| 10 | Pilgrim Advantage - PPO | E | PPO |
| 39 | Pilgrim Direct | 8 | HMO |
| 8 | Pilgrim Health Care | 8 | HMO |
| 95 | Pilgrim Select - PPO | E | PPO |
| 183 | Pioneer Health Care EPO | K | EPO |
| 79 | Pioneer Health Care PPO | E | PPO |
| 25 | Pioneer Plan | 8 | HMO |
| 149 | PPO and Other Managed Care (not listed elsewhere) *** | E | PPO |
| 203 | Principal Financial Group (Principal Mutual Life) | 7 | COM |
| 184 | Private Healthcare Systems EPO | K | EPO |
| 166 | Private Healthcare Systems POS | J | POS |
| 84 | Private Healthcare Systems PPO | E | PPO |
| 75 | Prudential Healthcare HMO | D | COM-MC |
| 17 | Prudential Healthcare POS | D | COM-MC |
| 18 | Prudential Healthcare PPO | D | COM-MC |
| 66 | Prudential Insurance | 7 | COM |
| 93 | Psychological Health Plan | E | PPO |
| 101 | Quarto Claims | 7 | COM |
| 168 | Reserved | | |
| 173-180 | Reserved | | |
| 185-198 | Reserved | | |
| 205-209 | Reserved | | |
| 213-219 | Reserved | | |
| 226-229 | Reserved | | |
| 235-249 | Reserved | | |
| 252-269 | Reserved | | |
| 145 | Self-Pay | 1 | SP |
| 94 | Time Insurance Co | 7 | COM |
| 100 | Transport Life Insurance | 7 | COM |
| 7 | Tufts Associated Health Plan | 8 | HMO |
| 80 | Tufts Total Health Plan PPO | E | PPO |
| 97 | Unicare | 7 | COM |
| 182 | Unicare Preferred Plus Managed Access EPO | D | COM-MC |
| 270 | Unicare Preferred Plus PPO | D | COM-MC |
| 70 | Union Labor Life Insurance | 7 | COM |

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| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|--|---|------------------------------------|
| 86 | United Health & Life PPO (Subsidiary of United Health Plans of NE) | E | PPO |
| 73 | United Health and Life (subsidiary of United Health Plans of NE) | 7 | COM |
| 9 | United Health Plan of New England (Ocean State) | 8 | HMO |
| 74 | United Healthcare Insurance Company | 7 | COM |
| 35 | United Healthcare Insurance Company – HMO (new for 1997) | D | COM-MC |
| 163 | United Healthcare Insurance Company – POS (new for 1997) | D | COM-MC |
| 36 | United Healthcare Insurance Company – PPO (new for 1997) | D | COM-MC |
| 48 | US Healthcare | 8 | HMO |
| 83 | US Healthcare Quality Network Choice-PPO | E | PPO |
| 170 | US Healthcare Quality POS | J | POS |
| 102 | Wausau Insurance Company | 7 | COM |
| 146 | Worker's Compensation | 2 | WOR |

** Supplemental Payer Source

***Please list under the specific carrier when possible

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**SUPPLEMENT V.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997**

**SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY**

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|--|---|------------------------------------|
| 137 | AARP/Medigap Supplement | 7 | COM |
| 138 | Banker's Life and Casualty Insurance | 7 | COM |
| 139 | Bankers Multiple Line | 7 | COM |
| 136 | BCBS Medex | 6 | BCBS |
| 140 | Combined Insurance Company of America | 7 | COM |
| 200 | Hartford Life Insurance Company | 7 | COM |
| 127 | Medicare HMO – Health New England Medicare Wrap | F | MCR-MC |
| 212 | Medicare HMO – Healthsource CMHC Central Care Supplement | F | MCR-MC |
| 128 | Medicare HMO – HMO Blue for Seniors | F | MCR-MC |
| 129 | Medicare HMO-Kaiser Medicare Plus Plan | F | MCR-MC |
| 131 | Medicare HMO – Pilgrim Enhance 65 | F | MCR-MC |
| 210 | Medicare HMO-Pilgrim Preferred 65 | F | MCR-MC |
| 201 | Mutual of Omaha | 7 | COM |
| 211 | Neighborhood Health Plan Senior Health Plus | F | MCR-MC |
| 202 | New York Life Insurance Company | 7 | COM |
| 141 | Other Medigap (not listed elsewhere) *** | 7 | COM |
| 133 | Medicare HMO – Tufts Medicare Supplement (TMS) | F | MCR-MC |

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| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|--|---|------------------------------------|
| 1 | Harvard Community Health Plan | 8 | HMO |
| 2 | Bay State – a product of HMO Blue | C | BCBS-MC |
| 3 | Network Blue (PPO) | C | BCBS-MC |
| 4 | Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass) | 8 | HMO |
| 5 | Invalid (replaced by #9) | | |
| 6 | Invalid (replaced by #251) | | |
| 7 | Tufts Associated Health Plan | 8 | HMO |
| 8 | Pilgrim Health Care | 8 | HMO |
| 9 | United Health Plan of New England (Ocean State) | 8 | HMO |
| 10 | Pilgrim Advantage - PPO | E | PPO |
| 11 | Blue Care Elect | C | BCBS-MC |
| 12 | Invalid (replaced by #49) | | |
| 13 | Community Health Plan Options (New York) | J | POS |
| 14 | Health New England Advantage POS | J | POS |
| 15 | Invalid (replaced by #158) | | |
| 16 | Invalid (replaced by #172) | | |
| 17 | Prudential Healthcare POS | D | COM-MC |
| 18 | Prudential Healthcare PPO | D | COM-MC |
| 19 | Matthew Thornton | 8 | HMO |
| 20 | HCHP of New England (formerly RIGHA) | 8 | HMO |
| 21 | Commonwealth PPO | C | BCBS-MC |
| 22 | Aetna Open Choice PPO | D | COM-MC |
| 23 | Guardian Life Insurance Company PPO | D | COM-MC |
| 24 | Health New England Inc. | 8 | HMO |
| 25 | Pioneer Plan | 8 | HMO |
| 26 | Invalid (replaced by #75) | | |
| 27 | First Allmerica Financial Life Insurance PPO | D | COM-MC |
| 28 | Great West Life PPO | D | COM-MC |
| 29 | Invalid (replaced by #171 & 250) | | |
| 30 | CIGNA (Indemnity) | 7 | COM |
| 31 | One Health Plan HMO (Great West Life) | D | COM-MC |
| 32 | Invalid (replaced by #157 & 158) | | |

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|--------------------------------|---|---|------------------------------------|
| 33 | Mutual of Omaha PPO | D | COM-MC |
| 34 | New York Life Care PPO | D | COM-MC |
| 35 | United Healthcare Insurance Company – HMO (new for 1997) | D | COM-MC |
| 36 | United Healthcare Insurance Company - PPO (new for 1997) | D | COM-MC |
| 37 | HCHP-Pilgrim HMO (integrated product) | 8 | HMO |
| 38 | Health new England Select (self-funded) | 8 | HMO |
| 39 | Pilgrim Direct | 8 | HMO |
| 40 | Kaiser Foundation | 8 | HMO |
| 41 | Invalid (replaced by #157) | | |
| 42 | ConnectiCare of Massachusetts | 8 | HMO |
| 43 | MEDTAC | 8 | HMO |
| 44 | Community Health Plan | 8 | HMO |
| 45 | Health Source New Hampshire | 8 | HMO |
| 46 | Blue ChiP (BCBS Rhode Island) | 8 | HMO |
| 47 | Neighborhood Health Plan | 8 | HMO |
| 48 | US Healthcare | 8 | HMO |
| 49 | Healthsource CMHC Plus PPO | E | PPO |
| 50 | Blue Health Plan for Kids | 6 | BCBS |
| 51 | Aetna Life Insurance | 7 | COM |
| 52 | Boston Mutual Insurance | 7 | COM |
| 53 | Invalid (no replacement) | | |
| 54 | Continental Assurance Insurance | 7 | COM |
| 55 | Guardian Life Insurance | 7 | COM |
| 56 | Hartford L&A Insurance | 7 | COM |
| 57 | John Hancock Life Insurance | 7 | COM |
| 58 | Liberty Life Insurance | 7 | COM |
| 59 | Lincoln National Insurance | 7 | COM |
| 60 | Invalid (replaced by #97) | | |
| 61 | Invalid (replaced by #96) | | |
| 62 | Mutual of Omaha Insurance | 7 | COM |
| 63 | New England Mutual Insurance | 7 | COM |
| 64 | New York Life Care Indemnity (New York Life Insurance) | 7 | COM |
| 65 | Paul Revere Life Insurance | 7 | COM |

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|--------------------------------|---|---|------------------------------------|
| 66 | Prudential Insurance | 7 | COM |
| 67 | First Allmerica Financial Life Insurance | 7 | COM |
| 68 | Invalid (replaced by #96) | | |
| 69 | Corporate Health Insurance Liberty Plan | 7 | COM |
| 70 | Union Labor Life Insurance | 7 | COM |
| 71 | ADMAR | E | PPO |
| 72 | Healthsource New Hampshire | 7 | COM |
| 73 | United Health and Life (subsidiary of United Health Plans of NE) | 7 | COM |
| 74 | United Healthcare Insurance Company | 7 | COM |
| 75 | Prudential Healthcare HMO | D | COM-MC |
| 76 | Invalid (replaced by #270) | | |
| 77 | Options for Healthcare PPO | E | PPO |
| 78 | Phoenix Preferred PPO | D | COM-MC |
| 79 | Pioneer Health Care PPO | E | PPO |
| 80 | Tufts Total Health Plan PPO | E | PPO |
| 81 | HMO Blue | C | BCBS-MC |
| 82 | John Hancock Preferred | D | COM-MC |
| 83 | US Healthcare Quality Network Choice - PPO | E | PPO |
| 84 | Private Healthcare Systems PPO | E | PPO |
| 85 | Liberty Mutual | 7 | COM |
| 86 | United Health & Life PPO (subsidiary of United Health Plans of NE) | E | PPO |
| 87 | CIGNA PPO | D | COM-MC |
| 88 | Freedom Care | E | PPO |
| 89 | Great West/NE Care | 7 | COM |
| 90 | Healthsource Preferred (self-funded) | E | PPO |
| 91 | New England Benefits | 7 | COM |
| 92 | Invalid (replaced by #84, 166, 184) | | |
| 93 | Psychological Health Plan | E | PPO |
| 94 | Time Insurance Co | 7 | COM |
| 95 | Pilgrim Select - PPO | E | PPO |
| 96 | Metrahealth (United Health Care of NE) | 7 | COM |
| 97 | Unicare | 7 | COM |

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| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|--|---|------------------------------------|
| 98 | Healthy Start | 9 | FC |
| 99 | Other POS (not listed elsewhere) *** | J | POS |
| 100 | Transport Life Insurance | 7 | COM |
| 101 | Quarto Claims | 7 | COM |
| 102 | Wausau Insurance Company | 7 | COM |
| 103 | Medicaid (includes MassHealth) | 4 | MCD |
| 104 | Medicaid Managed Care-Primary Care Clinician (PCC) | B | MCD-MC |
| 105 | Invalid (replaced by #111) | | |
| 106 | Medicaid Managed Care-Central Mass Health Care | B | MCD-MC |
| 107 | Medicaid Managed Care-Community Health Plan | B | MCD-MC |
| 108 | Medicaid Managed Care-Fallon Community Health Plan | B | MCD-MC |
| 109 | Medicaid Managed Care-Harvard Community Health Plan | B | MCD-MC |
| 110 | Medicaid Managed Care-Health New England | B | MCD-MC |
| 111 | Medicaid Managed Care-HMO Blue | B | MCD-MC |
| 112 | Medicaid Managed Care-Kaiser Foundation Plan | B | MCD-MC |
| 113 | Medicaid Managed Care-Neighborhood Health Plan | B | MCD-MC |
| 114 | Medicaid Managed Care-United Health Plans of NE (Ocean State Physician's Plan) | B | MCD-MC |
| 115 | Medicaid Managed Care-Pilgrim Health Care | B | MCD-MC |
| 116 | Medicaid Managed Care-Tufts Associated Health Plan | B | MCD-MC |
| 117 | Invalid (no replacement) | | |
| 118 | Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership | B | MCD-MC |
| 119 | Medicaid Managed Care Other (not listed elsewhere) *** | B | MCD-MC |
| 120 | Out-Of-State Medicaid | 5 | GOV |
| 121 | Medicare | 3 | MCR |
| 122 | Invalid (replaced by #234) | | |
| 123 | Invalid (no replacement) | | |
| 124 | Invalid (replaced by #222) | | |
| 125 | Medicare HMO – Fallon Senior Plan | F | MCR-MC |
| 126 | Invalid (replaced by #230) | | |
| 127 | Medicare HMO – Health New England Medicare Wrap ** | F | MCR-MC |
| 128 | Medicare HMO – HMO Blue for Seniors ** | F | MCR-MC |
| 129 | Medicare HMO – Kaiser Medicare Plus Plan | F | MCR-MC |

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| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|--|---|------------------------------------|
| 130 | Invalid (replaced by #232 and 233) | | |
| 131 | Medicare HMO – Pilgrim Enhance 65 ** | F | MCR-MC |
| 132 | Medicare HMO – Matthew Thornton Senior Plan | | MCR-MC |
| 133 | Medicare HMO – Tufts Medicare Supplement (TMS) | F | MCR-MC |
| 134 | Medicare HMO – Other (not listed elsewhere) | F | MCR-MC |
| 135 | Out-Of-State Medicare | 3 | MCR |
| 136 | BCBS Medex ** | 6 | BCBS |
| 137 | AARP/Medigap Supplement ** | 7 | COM |
| 138 | Banker's Life and Casualty Insurance ** | 7 | COM |
| 139 | Bankers Multiple Line ** | 7 | COM |
| 140 | Combined Insurance Company of America ** | 7 | COM |
| 141 | Other Medigap (not listed elsewhere) *** | 7 | COM |
| 142 | Blue Cross Indemnity | 6 | BCBS |
| 143 | Free Care | 9 | FC |
| 144 | Other Government | 5 | GOV |
| 145 | Self-Pay | 1 | SP |
| 146 | Worker's Compensation | 2 | WOR |
| 147 | Other Commercial (not listed elsewhere) *** | 7 | COM |
| 148 | Other HMO (not listed elsewhere) *** | 8 | HMO |
| 149 | PPO and Other Managed Care (not listed elsewhere) *** | E | PPO |
| 150 | Other Non-Managed Care (not listed elsewhere) *** | 0 | OTH |
| 151 | CHAMPUS | 5 | GOV |
| 152 | Foundation | 0 | OTH |
| 153 | Grant | 0 | OTH |
| 154 | BCBS Other (not listed elsewhere) *** | 6 | BCBS |
| 155 | Blue Cross Managed Care Other (not listed elsewhere) *** | C | BCBS-MC |
| 156 | Out of State BCBS | 6 | BCBS |
| 157 | Metrahealth – PPO (United Health Care of NE) | D | COM-MC |
| 158 | Metrahealth – HMO (United Health Care of NE) | D | COM-MC |
| 159 | None (valid only for secondary source of payment) | N | NONE |
| 160 | Blue Choice (includes Healthflex Blue) - POS | C | BCBS-MC |
| 161 | Aetna Managed Choice POS | D | COM-MC |
| 162 | Great West Life POS | D | COM-MC |

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| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|---|---|------------------------------------|
| 163 | United Healthcare Insurance Company – POS (new for 1997) | D | COM-MC |
| 164 | Healthsource CMHC Plus POS | J | POS |
| 165 | Healthsource New Hampshire POS (self-funded) | J | POS |
| 166 | Private Healthcare Systems POS | J | POS |
| 167 | Fallon POS | J | POS |
| 168 | Reserved | | |
| 169 | Kaiser Added Choice | J | POS |
| 170 | US Healthcare Quality POS | J | POS |
| 171 | CIGNA POS | D | COM-MC |
| 172 | Metrahealth – POS (United Health Care NE) | D | COM-MC |
| 173-180 | Reserved | | |
| 181 | First Allmerica Financial Life Insurance EPO | D | COM-MC |
| 182 | Unicare Preferred Plus Managed Access EPO | D | COM-MC |
| 183 | Pioneer Health Care EPO | K | EPO |
| 184 | Private Healthcare Systems EPO | K | EPO |
| 185-198 | Reserved | | |
| 199 | Other EPO (not listed elsewhere) *** | K | EPO |
| 200 | Hartford Life Insurance Co ** | 7 | COM |
| 201 | Mutual of Omaha ** | 7 | COM |
| 202 | New York Life Insurance ** | 7 | COM |
| 203 | Principal Financial Group (Principal Mutual Life) | 7 | COM |
| 204 | Christian Brothers Employee | 7 | COM |
| 207 | Network Health (Cambridge Health Alliance MCD Program) | B | MCD-MC |
| 208 | HealthNet (Boston Medical Center MCD Program) | B | MCD-MC |
| 205-209 | Reserved | | |
| 210 | Medicare HMO – Pilgrim Preferred 65 ** | F | MCR-MC |
| 211 | Medicare HMO – Neighborhood Health Plan Senior Health Plus ** | F | MCR-MC |
| 212 | Medicare HMO – Healthsource CMHC Central Care Supplement ** | F | MCR-MC |
| 213-219 | Reserved | | |
| 220 | Medicare HMO – Blue Care 65 | F | MCR-MC |
| 221 | Medicare HMO – Harvard Community Health Plan 65 | F | MCR-MC |
| 222 | Medicare HMO – Healthsource CMHC | F | MCR-MC |

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| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|--|---|------------------------------------|
| 223 | Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus | F | MCR-MC |
| 224 | Medicare HMO – Tufts Secure Horizons | F | MCR-MC |
| 225 | Medicare HMO – US Healthcare | F | MCR-MC |
| 2236-229 | Reserved | | |
| 230 | Medicare HMO – HCHP First Seniority | F | MCR-MC |
| 231 | Medicare HMO – Pilgrim Prime | F | MCR-MC |
| 232 | Medicare HMO – Seniorcare Direct | F | MCR-MC |
| 233 | Medicare HMO – Seniorcare Plus | F | MCR-MC |
| 234 | Medicare HMO – Managed Blue for Seniors | F | MCR-MC |
| 235-249 | Reserved | | |
| 250 | CIGNA HMO | D | COM-MC |
| 251 | Healthsource CMHC HMO | 8 | HMO |
| 252-269 | Reserved | | |
| 270 | UniCare Preferred Plus PPO | D | COM-MC |
| 271 | Hillcrest HMO | 8 | HMO |
| 272 | Auto Insurance | T | AI |
| 990 | Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143) | 9 | FC |

** Supplemental Payer Source

*** Please list under the specific carrier when possible

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SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY

| SOURCE PAY CODE | SOURCE OF PAYMENT DEFINITIONS | MATCHING PAYER TYPE CODE | PAYER TYPE ABBREVIATION |
|--------------------------------|---|---|------------------------------------|
| 127 | Medicare HMO – Health New England Medicare Wrap | F | MCR-MC |
| 128 | Medicare HMO – HMO Blue for Seniors | F | MCR-MC |
| 129 | Medicare HMO – Kaiser Medicare Plus Plan | F | MCR-MC |
| 131 | Medicare HMO – Pilgrim Enhance 65 | F | MCR-MC |
| 133 | Medicare HMO – Tufts Medicare Supplement (TMS) | F | MCR-MC |
| 136 | BCBS Medex | 6 | BCBS |
| 137 | AARP/Medigap Supplement | 7 | COM |
| 138 | Banker's Life & Casualty Insurance | 7 | COM |
| 139 | Bankers Multiple Line | 7 | COM |
| 140 | Combined Insurance Company of America | 7 | COM |
| 141 | Other Medigap (not listed elsewhere) *** | 7 | COM |
| 200 | Hartford Life Insurance Co. | 7 | COM |
| 201 | Mutual of Omaha | 7 | COM |
| 202 | New York Life Insurance Company | 7 | COM |
| 210 | Medicare HMO – Pilgrim Preferred 65 | F | MCR-MC |
| 211 | Neighborhood Health Plan Senior Health Plus | F | MCR-MC |
| 212 | Medicare HMO – Healthsource CMHC Central Care Supplement | F | MCR-MC |

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**SUPPLEMENT VII. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

MERGERS – ALPHABETICAL LIST

| Name of New Entity | Names of Original Entities | DATE |
|--|--|------------------|
| Berkshire Health System | -Berkshire Medical Center -Hillcrest Hospital -Fairview Hospital | July 1996 |
| Beth Israel Deaconess Medical Center | -Beth Israel Hospital -N.E. Deaconess Hospital | October 1996 |
| Boston Medical Center | -Boston University Med. Ctr. -Boston City Hospital -Boston Specialty/Rehab | July 1996 |
| Cambridge Health Alliance NOTE: As of July 2001, Cambridge Health Alliance included Cambridge, Somerville, Whidden, & Malden's 42 Psych beds. Malden now closed. Cambridge & Somerville submitted data separately in the past. This year they are submitting under one name. In future years, they may use the Facility Site Number to identify each individual facility's discharges. | -Cambridge Hospital -Somerville Hospital | July 1996 |
| Good Samaritan Medical Center | -Cardinal Cushing Hospital -Goddard Memorial | October 1993 |
| Hallmark Health Systems NOTE: As of July 2001 includes only Lawrence Memorial & Melrose-Wakefield | -Lawrence Memorial -Hospital Malden Hospital -Unicare Health Systems (Note: Unicare was formed in July 1996 as a result of the merger of Melrose-Wakefield and Whidden Memorial Hospital) | October 1997 |
| Health Alliance Hospitals, Inc. | -Burbank Hospital -Leominster Hospital | November 1994 |
| Lahey Clinic | -Lahey -Hitchcock (NH) | January 1995 |
| Medical Center of Central Massachusetts | -Holden District Hospital -Worcester Hahnemann -Worcester Memorial | October 1989 |
| MetroWest Medical Center | -Leonard Morse Hospital -Framingham Union | January 1992 |

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MERGERS – ALPHABETICAL LIST

| Name of New Entity | Names of Original Entities | Date |
|-------------------------------------|--|-----------------|
| Northeast Health Systems | -Beverly Hospital -Addison Gilbert Hospital | October 1996 |
| North Shore Medical Center | -North Shore Medical Center (dba Salem Hospital) and -Union Hospital <u>NOTES:</u> 1. Salem Hospital merged with North Shore Children's Hospital in April 1988 2. Lynn Hospital merged with Union Hospital in 1986 to form Atlanticare | March 2004 |
| Saints Memorial Medical Center | -St. John's Hospital -St. Joseph's Hospital | October 1992 |
| Sisters of Providence Health System | -Mercy Medical Center -Providence Hospital | June 1997 |
| Southcoast Health Systems | -Charlton Memorial Hospital -St. Luke's Hospital -Tobey Hospital | June 1996 |
| UMass. Memorial Medical Center | -UMMC -Memorial -Memorial-Hahnemann | April 1999 |

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MERGERS – CHRONOLOGICAL LIST

| Date | Entity Names |
|---------------|--|
| 1986 | Atlanticare (Lynn & Union) |
| April 1988 | Salem (North Shore Children's and Salem) |
| October 1989 | Medical Center Central Mass (Holden, Worcester, Hahnemann and Worcester Memorial) |
| January 1992 | MetroWest (Framingham Union and Leonard Morse) |
| October 1992 | Saints Memorial (St. John's and St. Joseph's) |
| October 1993 | Good Samaritan (Cardinal Cushing and Goddard Memorial) |
| November 1994 | Health Alliance (Leominster and Burbank) |
| January 1995 | Lahey Hitchcock (Lahey & Hitchcock (NH)) |
| June 1996 | Southcoast Health System (Charlton, St. Luke's and Tobey) |
| July 1996 | Berkshire Medical Center (Berkshire Medical Center and Hillcrest) |
| July 1996 | Cambridge Health Alliance (Cambridge and Somerville) |
| July 1996 | Boston Medical Center (University and Boston City) |
| July 1996 | UniCare Health Systems (Melrose-Wakefield and Whidden) |
| October 1996 | Northeast Health Systems (Beverly and Addison-Gilbert) |
| October 1996 | Beth Israel Deaconess Medical Center (Deaconess and Beth Israel) |
| June 1997 | Mercy (Mercy and Providence) |
| October 1997 | Hallmark Health System, Inc. (Lawrence Memorial, Malden, UniCare [formerly Melrose-Wakefield and Whidden]) |
| April 1998 | UMass. Memorial Medical Center (UMMC, Memorial and Memorial-Hahnemann) |
| July 2001 | Cambridge Health Alliance (Cambridge, Somerville, Whidden and Malden's 42 Psych beds) |
| July 2001 | Hallmark Health now only Melrose Wakefield and Lawrence Memorial |
| June 2002 | CareGroup sold Deaconess-Waltham to a private developer who leased the facility back to Waltham Hosp. (new name) |
| July 2002 | Deaconess-Glover now under a new parent: Beth Israel Deaconess (was under CareGroup parent) |
| March 2004 | North Shore Medical Center (dba Salem) and Union merge (still North Shore Medical Center) |

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**SUPPLEMENT VII. MERGERS, NAME CHANGES, CLOSURES,
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NAME CHANGES – ALPHABETICAL LIST

| Name of New Entity | Original Entities | Date |
|---|--|--|
| Beth Israel Deaconess Medical Center | -Beth Israel Hospital -New England Deaconess Hospital | |
| Beth Israel Deaconess Needham | -Glover Memorial -Deaconess-Glover Hospital | July 2002 |
| Boston Medical Center – Harrison Avenue Campus | Boston City Hospital University Hospital | |
| Boston Regional Medical Center | New England Memorial Hospital | Now Closed. |
| Cambridge Health Alliance – (now includes Cambridge, Somerville & Whidden) | Cambridge Hospital Somerville Hospital | |
| Cambridge Health Alliance – Malden & Whidden | Hallmark Health Systems – Malden & Whidden | Malden now closed. |
| Cape Cod Health Care Systems | Cape Cod Hospital Falmouth Hospital | |
| Caritas Good Samaritan Medical Center | Cardinal Cushing Hospital Goddard Memorial Hospital | |
| Caritas Norwood, Caritas Southwood, Caritas Good Samaritan Medical Center | Norwood Hospital Southwood Hospital Good Samaritan Med. Ctr. | |
| Caritas St. Elizabeth's Medical Center | St. Elizabeth's Medical Center | |
| Children's Hospital Boston | Children's Hospital | February 2004 |
| Hallmark Health Lawrence Memorial Hospital & Hallmark Health Melrose-Wakefield Hospital | Lawrence Memorial Hospital Melrose-Wakefield Hospital | |
| Holy Family Hospital | Bon Secours Hospital | |
| Kindred Hospitals – Boston & North Shore | Vencor Hospitals – Boston & North Shore | |
| Lahey Clinic Hospital | Lahey Hitchcock Clinic | |
| MetroWest Medical Center – Framingham Union Hospital & Leonard Morse Hospital | Framingham Union Hospital Leonard Morse Hospital / Columbia MetroWest Medical Center | |
| Merrimack Valley Hospital | Haverhill Municipal (Hale) Hospital | Essent Health Care purchased this facility in September 2001 |

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**SUPPLEMENT VII. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

NAME CHANGES

| Name of New Entity | Original Entities | Date |
|--|--|---------------------------|
| Milford Regional Medical Center | Milford-Whitinsville Hospital | |
| Nashoba Valley Hospital | Nashoba Community Hospital Deaconess-Nashoba Nashoba Valley Medical Center | January 2003 |
| Northeast Health Systems | Beverly Hospital Addison Gilbert Hospital | |
| North Shore Medical Center - Salem | Salem Hospital North Shore Children's Hospital | |
| North Shore Medical Center - Union | Union Hospital | |
| Quincy Hospital | Quincy City Hospital | |
| Southcoast Health Systems | Charlton Memorial Hospital St. Luke's Hospital Tobey Hospital | |
| UMass. Memorial – Clinton Hospital | Clinton Hospital | |
| UMass. Memorial – Health Alliance Hospital | Health Alliance Hospitals, Inc. | |
| UMass. Memorial – Marlborough Hospital | Marlborough Hospital | |
| UMass. Memorial – Wing Memorial Hospital | Wing Memorial Hospital | |
| Waltham Hospital | Waltham-Weston Hospital Deaconess Waltham Hospital | June 2002. Now closed. |

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**SUPPLEMENT VII. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

CLOSURES

| Date | Hospital Name | Comments |
|----------------|-----------------------------|--|
| June 1989 | Sancta Maria | |
| September 1990 | Mass. Osteopathic | |
| June 1990 | Hunt | Outpatient only now. |
| July 1990 | St. Luke's Middleborough | |
| September 1991 | Worcester City | |
| May 1993 | Amesbury | |
| July 1993 | Saint Margaret's | |
| June 1994 | Heritage | |
| June 1994 | Winthrop | |
| October 1994 | St. Joseph's | |
| December 1994 | Ludlow | |
| October 1996 | Providence | |
| November 1996 | Goddard | |
| 1996 | Lynn | |
| January 1997 | Dana Farber | Inpatient acute beds now at Brigham & Women's |
| March 1997 | Burbank | |
| February 1999 | Boston Regional | |
| April 1999 | Malden | |
| August 1999 | Symmes | |
| July 2003 | Waltham | |

NOTE: Subsequent to closure, some hospitals may have reopened for used other than an acute hospital (e.g., health care center, rehabilitation hospital, etc.)

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**SUPPLEMENT VII. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

CONVERSIONS & NON-ACUTE CARE HOSPITALS

| HOSPITAL | COMMENTS |
|--|--------------------------------------|
| Fairlawn Hospital | Converted to non-acute care hospital |
| Heritage Hospital | Converted to non-acute care hospital |
| Vencor – Kindred Hospital Boston | Non-acute care hospital |
| Vencor – Kindred Hospital North Shore | Non-acute care hospital |

SECTION II. TECHNICAL DOCUMENTATION

PART A. CALCULATED FIELD DOCUMENTATION

1. Age Calculation
2. Newborn Age
3. UHIN Sequence Number

SECTION II. TECHNICAL DOCUMENTATION

For you information, we have included a page of physical specifications for the data file at the beginning of this manual. Please refer to CD Specifications on page 2 for further details.

Technical Documentation included in this section of the manual is as follows:

Part A. Calculated Field Documentation

Part B. Data File Summary

Record layout gives a description of each field along with the starting and ending positions. A copy of this layout accompanies this manual for review.

Calculated fields are age, newborn in weeks, and Unique Health Information Number (UHN) Sequence Number. Each description has three parts:

First is a description of any **Conventions**. For example, how are missing values used?

Second is a **Brief Description** of how the fields are calculated. This description leaves out some of the detail. However, with the first section it gives a good working knowledge of the field.

Third is a **Detailed Description** of how the calculation is performed. This description follows the code very closely.

PART A. CALCULATED FIELD DOCUMENTATION

1. AGE CALCULATION

A) Conventions:

- 1) Age is calculated if the date of birth and registration date are valid. If either one is invalid, then '999' is placed in this field.
- 2) Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements (i.e., if the admission type is newborn) in their analysis of this field.

B) Brief Description:

Age is calculated by subtracting the date of birth from the registration date.

C) Detailed Description:

If the patient has already had a birthday for the year, his or her age is calculated by subtracting the year of birth from the year of registration. If not, then the patient's age is the year of registration minus the year of birth, minus one.

PART A. CALCULATED FIELD DOCUMENTATION

2. NEWBORN AGE

A) Conventions:

- 1) Newborn age is calculated to the nearest week (the remainder is dropped). Thus, newborns zero to six days old are considered to be zero weeks old.
- 2) Discharges that are not newborns have '99' in this field.

B) Brief Description:

Discharges less than one year old have their age calculated by subtracting the date of birth from the registration date. This gives the patient's age in days. This number is divided by seven, the remainder is dropped..

C) Detailed Description:

- 1) If a patient is 1 year old or older, the age in weeks is set to '99'.
- 2) If a patient is less than 1 year old then:
 - a) Patients' age is calculated in days using the Length of Stay (LOS) routine, described herein.
 - b) Number of days in step 'a' above is divided by seven, and the remainder is dropped.

PART A. CALCULATED FIELD DOCUMENTATION

**3. UNIQUE HEALTH INFORMATION NUMBER (UHIN) VISIT
SEQUENCE NUMBER**

A) Conventions:

If the Unique Health Information Number (UHIN) is undefined (not reported, unknown or invalid), the sequence number is set to zero.

B) Brief Description:

The Sequence Number is calculated by sorting the file by UHIN, registration date, and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN's set of visits.

C) Detailed Description:

- 1) UHIN Sequence Number is calculated by sorting the entire database by UHIN, registration date, then discharge date (both dates are sorted in ascending order).
- 2) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.
- 3) If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 indicates the first visit for the UHIN, and nnnn indicates the last visit for the UHIN.
- 4) If a UHIN has 2 visits on the same day, the discharge date is used as the secondary sort key.

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PART B. DATA FILE SUMMARY

1. ED File Table FY2004
2. Data Code Tables FY2004

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PART B. DATA FILE SUMMARY

The following is a list of the contents of the ED File Layout. Passed and Failed data are included together in each file. The failed visits are flagged for easy identification.

It is important to note that the data set may vary depending on what level data you have received. Please also note that the ED file has been cleaned. Bad character data have been replaced with underscores. Bad numeric data and bad dates have been replaced with nulls.

The following files are included in the electronic files along with the ED Visit Data:

- Top Errors Report
- Record Layout
- Total Charges & ED Visits by Hospital

1. EMERGENCY DEPARTMENT FILE TABLE – FY2004 – ED VISIT

| # | Field Name |
|----|-------------------------------|
| 1 | RecordType20ID |
| 2 | EDVisitID |
| 3 | SubmissionControlID |
| 4 | FilingOrgID |
| 5 | HospitalServiceSiteID |
| 6 | EncryptedSSN |
| 7 | MedicalRecordNumber |
| 8 | BillingNumber |
| 9 | EncryptedMothersSSN |
| 10 | DateOfBirth |
| 11 | Sex |
| 12 | Race |
| 13 | ZipCode |
| 14 | RegistrationDate |
| 15 | RegistrationTime |
| 16 | DischargeDate |
| 17 | DischargeTime |
| 18 | TypeOfVisit |
| 19 | SourceOfVisit |
| 20 | SecondarySourceOfVisit |
| 21 | DepartureStatus |
| 22 | PrimarySourceOfPayment |
| 23 | SecondarySourceOfPayment |
| 24 | Charges |
| 25 | EncryptedOtherPhysicianNumber |
| 26 | EncryptedPhysicianNumber |
| 27 | OtherCareGiver |
| 28 | PrincipalDiagnosisCode |
| 29 | AssociatedDiagnosisCode1 |
| 30 | AssociatedDiagnosisCode2 |

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PART B. DATA FILE SUMMARY

1. EMERGENCY DEPARTMENT FILE TABLE FY2004 – ED VISIT - Continued

| # | Field Name |
|----|---------------------------------------|
| 31 | AssociatedDiagnosisCode3 |
| 32 | AssociatedDiagnosisCode4 |
| 33 | AssociatedDiagnosisCode5 |
| 34 | SignificantProcedureCode1 |
| 35 | SignificantProcedureCode2 |
| 36 | SignificantProcedureCode3 |
| 37 | SignificantProcedureCode4 |
| 38 | EmergencySeverity PrincipalECode |
| 39 | ProcedureCodingType |
| 40 | Transport |
| 41 | AmbulanceRunSheet |
| 42 | Homeless |
| 43 | ReasonForVisit |
| 44 | Age |
| 45 | NewbornAgeWeeks |
| 46 | LengthOfStayHours |
| 47 | RegistrationDay |
| 48 | RegistrationMonth |
| 49 | RegistrationYear |
| 50 | DischargeDay |
| 51 | VisitSequence |
| 52 | DaysBetweenVisits |
| 53 | VisitPassed |
| 54 | CCSCodeLevel1 |
| 55 | CCSCodeLevel1Description |

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PART B. DATA FILE SUMMARY

1. **EMERGENCY DEPARTMENT FILE TABLE FY2004 – ED SERVICE**

Service Table – 1 Record per Service Line Item reported for each Visit

| # | Field Name |
|---|---------------------|
| 1 | RecordType20ID |
| 2 | ServiceID |
| 3 | EDVisitID |
| 4 | SubmissionControlID |
| 5 | ServiceLineItem |

PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES

The following are the code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00. Please note that the Source of Payment Code Table and the Supplemental Payer Source Code Table appears as Supplements in Part F. of this manual.

Patient Sex Codes:

| * SEX CODE | * Patient Sex Definition |
|-------------------|---------------------------------|
| M | Male |
| F | Female |
| U | Unknown |

Patient Race Codes:

| * RACE CODE | * Patient Race Definition |
|--------------------|----------------------------------|
| 1 | White |
| 2 | Black |
| 3 | Asian |
| 4 | Hispanic |
| 5 | Native American |
| 6 | Other |
| 9 | Unknown |

Type of Visit Codes:

| Type of Visit Code | Type of Visit Definition |
|---------------------------|---------------------------------|
| 1 | Emergency |
| 2 | Urgent |
| 3 | Non-Urgent |
| 4 | Newborn |
| 5 | Information Unavailable |

PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

Source of Visit Codes:

| * SRCADM CODE | * Source of Admission Definition |
|----------------------|--|
| 0 | Information not available |
| 1 | Direct Physician Referral |
| 2 | Within Hospital Clinic Referral |
| 3 | Direct Health Plan Referral / HMO Referral |
| 4 | Transfer from an Acute Hospital |
| 5 | Transfer from a Skilled Nursing Facility (SNF) |
| 6 | Transfer from Intermediate Care Facility (ICF) |
| 7 | Outside Hospital Emergency Room Transfer |
| 8 | Court/Law Enforcement |
| 9 | Other |
| L | Outside Hospital Clinic Referral |
| M | Walk-In / Self-Referral |
| T | Transfer from Another Institution's Ambulatory Surgery (SDS) |
| Y | Within Hospital Ambulatory Surgery Transfer (SDS Transfer) |
| E | EMS Transport Decision |

| * SRCADM CODE | * Source of Admission Definition – Newborn Only |
|----------------------|--|
| Z | Information Not Available – Newborn |
| A | Normal Delivery |
| B | Premature Delivery |
| C | Sick Baby |
| D | Extramural Birth |

PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

Patient Departure Status Codes:

| Departure Status Code | Departure Status Description |
|-----------------------|---|
| 1 | Routine (i.e., to home or usual place of residence) |
| 3 | Transferred to Other Facility |
| 4 | AMA |
| 6 | Eloped |
| 8 | Within Hospital Clinic Referral |
| 9 | Dead on Arrival (with or without resuscitative efforts in the ED) |
| 0 | Died During ED Visit |

Other Caregiver Codes:

| Other Caregiver Code | Description |
|----------------------|---------------------|
| 1 | Resident |
| 2 | Intern |
| 3 | Nurse Practitioner |
| 5 | Physician Assistant |

Patient's Mode of Transport Code:

| Mode of Transport Code | Description |
|------------------------|---|
| 1 | Ambulance |
| 2 | Helicopter |
| 3 | Law Enforcement |
| 4 | Walk-In (including public or private transport) |
| 5 | Other |
| 9 | Unknown |

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PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

Homeless Indicator:

| Codes | Description |
|--------------|-------------------------------------|
| Y | Patient is known to be homeless |
| N | Patient is not known to be homeless |

Payer Type Codes:

| *PAYER TYPE CODE | Payer Type Abbreviation | * Payer Type Definition |
|-------------------------|--------------------------------|---|
| 1 | SP | Self-Pay |
| 2 | WOR | Worker's Compensation |
| 3 | MCR | Medicare |
| F | MCR-MC | Medicare Managed Care |
| 4 | MCD | Medicaid |
| B | MCD-MC | Medicaid Managed Care |
| 5 | GOV | Other Government Payment |
| 6 | BCBS | Blue Cross |
| C | BCBS-MC | Blue Cross Managed Care |
| 7 | COM | Commercial Insurance |
| D | COM-MC | Commercial Managed Care |
| 8 | HMO | Health Maintenance Organization |
| 9 | FC | Free Care |
| 0 | OTH | Other Non-Managed Care Plans |
| E | PPO | PPO and Other Managed Care Plans Not Elsewhere Classified |
| J | POS | Point-Of-Service Plan |
| K | EPO | Exclusive Provider Organization |
| T | AI | Auto Insurance |
| N | None | None (Valid only for Secondary Payer) |

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PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

DHCFP Organization ID's for Hospitals:

| Org_ID | Current Organization Name | Year 2000 HDD Filing Name | Additional Hospital Included in Filing |
|---------------|--|--|---|
| 1 | Anna Jaques Hospital | Anna Jaques Hospital | |
| 2 | Athol Hospital | Athol Hospital | |
| 4 | Baystate Medical Center | Baystate Health Systems | |
| 7 | Berkshire Health Systems – Berkshire Campus | Berkshire Health System – Berkshire | |
| 9 | Berkshire Health Systems – Hillcrest Campus | Berkshire Health System – Hillcrest | |
| 10 | Beth Israel Deaconess | BI/Deaconess Medical Ctr | |
| 19 | Boston Medical Center – East Boston NHC | N/A – aka East Boston Neighborhood Health Center | |
| 144 | Boston Medical Center – East Newton Campus | N/A – see Boston Medical Center – Harrison Ave. Campus, filer for this hospital | |
| 16 | Boston Medical Center – Harrison Ave. Campus | Boston Medical Center | Boston Medical Center – East Newton Campus |
| 22 | Brigham & Women's | Brigham & Women's | |
| 25 | Brockton Hospital | Brockton Hospital | |
| 3118 | Cable Emergency Center | N/A – formerly Cable Hospital | |
| 67 | Cambridge Health Alliance – Malden Campus | Hallmark Health Care – Malden | |
| 27 | Cambridge Health Alliance – Cambridge Campus | Cambridge Public Health Commission | Cambridge Health Alliance – Somerville Campus |
| 143 | Cambridge Health Alliance – Somerville Campus | N/A – see Cambridge Health Alliance – Cambridge Campus, filer of submission | |
| 142 | Cambridge Health Alliance – Whidden Memorial Campus | Hallmark Health Care – Whidden | |
| 39 | Cape Cod Health System – Cape Cod Campus | Cape Cod Health System – Cape Cod | |
| 40 | Cape Cod Health System – Falmouth Campus | Cape Cod Health System – Falmouth | |
| 62 | Caritas Good Samaritan Medical Center | Good Samaritan Medical Center | |
| 41 | Caritas Norwood Hospital | Caritas Norwood | |
| 440 | Caritas Southwood Hospital | Caritas Southwood Community Hospital | |
| 42 | Caritas Carney Hospital | Carney Hospital | |

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PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

DHCFP Organization ID's for Hospitals:

| Org_ID | Current Organization Name | Year 2000 HDD Filing Name | Additional Hospital Included in Filing |
|---------------|--|--|---|
| 46 | Children's Hospital Boston | Children's Medical Ctr. | |
| 132 | Clinton Hospital | Clinton Hospital | |
| 50 | Cooley Dickinson Hospital | Cooley Dickinson Hospital | |
| 51 | Dana Farber Cancer Center | Dana Farber Cancer Inst. | |
| 53 | Beth Israel Deaconess Needham | Deaconess-Glover | |
| 52 | Nashoba Valley Medical Center | Deaconess-Nashoba | |
| 54 | Waltham Hospital (closed) | Deaconess Waltham | |
| 57 | Emerson Hospital | Emerson Hospital | |
| 8 | Fairview Hospital | Fairview Hospital | |
| 59 | Faulkner Hospital | Faulkner Hospital | |
| 5 | Franklin Medical Center | Franklin Medical Center | |
| 66 | Hallmark Health – Lawrence Memorial Campus | Hallmark Health – Lawrence Memorial Campus | |
| 141 | Hallmark Health – Melrose-Wakefield Campus | Hallmark Health – Melrose-Wakefield Campus | |
| 68 | Harrington Memorial Hospital | Harrington Memorial Hospital | |
| 70 | Merrimack Valley Hospital | Haverhill Municipal Hospital (Hale) | |
| 71 | Health Alliance Hospital | Health Alliance Hospital | |
| 73 | Heywood Hospital | Heywood Hospital | |
| 75 | Holy Family Hospital | Holy Family Hospital | |
| 77 | Holyoke Hospital | Holyoke Hospital | |
| 78 | Hubbard Regional Hospital | Hubbard Regional Hospital | |
| 79 | Jordan Hospital | Jordan Hospital | |
| 136 | Kindred Hospital Boston | Vencor Boston | |
| 135 | Kindred Hospital North Shore | Vencor North Shore (formerly JB Thomas) | |
| 81 | Lahey Clinic Hospital | Lahey Hitchcock Clinic | |
| 83 | Lawrence General Hospital | Lawrence General Hospital | |
| 85 | Lowell General Hospital | Lowell General Hospital | |

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PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

DHCFP Organization ID's for Hospitals:

| Org_ID | Current Organization Name | Year 2000 HDD Filing Name | Additional Hospital Included in Filing |
|---------------|---|---|---|
| 133 | Marlborough Hospital | UMass. Health System – Marlborough Hospital | |
| 88 | Martha's Vineyard Hospital | Martha's Vineyard Hospital | |
| 6 | Mary Lane Hospital | Mary Lane Hospital | |
| 91 | Mass. General Hospital | Mass. General Hospital | |
| 89 | Mass. Eye & Ear Infirmary | Mass. Eye & Ear Infirmary | |
| 119 | Mercy Hospital | Mercy Hospital | |
| 457 | MetroWest Med. Ctr. – Leonard Morse Campus | Columbia MetroWest – Leonard Morse | |
| 49 | MetroWest Med. Ctr. – Framingham Campus | Columbia MetroWest - Framingham | |
| 97 | Milford Regional Medical Center | Milford-Whitinsville Regional Hospital | |
| 98 | Milton Hospital | Milton Hospital | |
| 99 | Morton Hospital | Morton Hospital | |
| 100 | Mt. Auburn Hospital | Mt. Auburn Hospital | |
| 101 | Nantucket Cottage Hospital | Nantucket Cottage Hospital | |
| 103 | New England Baptist Hospital | New England Baptist Hospital | |
| 104 | Tufts New England Medical Center | New England Medical Center | |
| 105 | Newton-Wellesley Hospital | Newton-Wellesley Hospital | |
| 106 | Noble Hospital | Noble Hospital | |
| 107 | North Adams Regional Hospital | North Adams Regional | |
| 116 | North Shore Medical Center – Salem Hospital | Salem Hospital | |
| 109 | Northeast – Addison Gilbert | NE Health Systems – Addison Gilbert | |
| 110 | Northeast - Beverly | NE Health Systems – Beverly | |

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PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

DHCFP Organization ID's for Hospitals:

| Org_ID | Current Organization Name | Year 2000 HDD Filing Name | Additional Hospital Included in Filing |
|---------------|---|---|--|
| 118 | Providence Hospital (Sisters of Providence Health System) | Providence Hospital | |
| 112 | Quincy Hospital | Quincy Hospital | |
| 115 | Saints Memorial Medical Center | Saints Memorial Medical Center | |
| 122 | South Shore Hospital | South Shore Hospital | |
| 123 | Southcoast Health Systems – Charlton Memorial Campus | Southcoast Health Systems – Charlton Memorial Campus | |
| 124 | Southcoast Health Systems – St. Luke's Hospital | Southcoast Health Systems – St. Luke's Hospital | |
| 145 | Southcoast Health Systems – Tobey Hospital | Southcoast Health Systems – Tobey Hospital | |
| 114 | Caritas St. Anne's | St. Anne's | |
| 126 | Caritas St. Elizabeth's | St. Elizabeth's Medical Center | |
| 127 | Saint Vincent Hospital | Saint Vincent Hospital | |
| 129 | Sturdy Memorial Hospital | Sturdy Memorial Hospital | |
| 130 | UMass. Memorial Medical Center Memorial Campus | N/A – See UMass. Memorial Medical Center – UMass. Campus, filer of submission | |
| 131 | UMass. Memorial Medical Center – UMass. Campus | UMass. Medical Center | UMass. Memorial Medical Center – Memorial Campus |
| 3 | Union Hospital | Atlanticare Medical Center | |
| 138 | Winchester Hospital | Winchester Hospital & Family Medical | |
| 139 | Wing Memorial Hospital | Wing Memorial Med. Ctr. | |